

High HIV/AIDS Prevalence in a Suburban Area in Ghana: A Context  
Analysis of Its Relationship to Human Trafficking

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By

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## ABSTRACT

Since HIV/AIDS was first recorded in Ghana in the early 1980s, the Manya Krobo area in the Eastern Region of Ghana has persistently recorded the highest HIV/AIDS prevalence rate in the country. While HIV/AIDS prevalence in Ghana compared to other countries in the sub-region is relatively low (1.3%), local variations in HIV prevalence in the country is a cause for concern. Whereas the Manya Krobo study area has a current prevalence rate of 11.6% (MoH, 2014), almost nine times higher than the national average, other regions remain virtually untouched (Osafo et al., 2013). In just twelve and a half years (2005-2013), HIV/AIDS prevalence rate in the Manya Krobo area rose from 6.0% to 11.6% (MoH, 2014).

Extant studies have attributed the extremely high incidence of HIV/AIDS in the Manya Krobo area to labor migration. Furthermore, commentators (Piper, 2005; OSCE, 2004) on this subject contend that human trafficking thrives where labor migration abounds. While human trafficking exists both internally and transnationally, studies on the subject have focused mainly on trafficking across borders (Rahman, 2011). Adopting a broad development framework and drawing extensively on postmodernists thought, this research critically examines whether the high labor migration occurrence in the Manya Krobo area has elements of internal human trafficking, which in turn, contributes to the high prevalence of HIV/AIDS in the study area.

The findings of the study suggest some relationship between internal migratory movements, human trafficking, and HIV/AIDS, however, further research with a larger sample size is needed to validate this conclusion. While most people are trafficked in the process of migrating, both labor migrants and trafficked persons became susceptible to HIV/AIDS due to the deplorable conditions under which they work.

The study revealed a relatively high incidence of HIV/AIDS infection among older respondents 50 years and above at 20.4% - almost one-third of the percentage of respondents in the productive and reproductive age group of 22-49 years. This study finding indicates that HIV does not exclusively affect younger people.

The study identified a number of mediating factors underlying the concentration of HIV/AIDS in the study area, including non-disclosure, stigma, proliferation of microfinance institutions (MFIs), cultural practices, and widowers and widows remarrying without checking their HIV/AIDS status.

Finally, the study noted that the HIV/AIDS epidemic in the Manya Krobo area creates a complex web of socioeconomic problems in the form of poverty, women-headed households, high presence of widows and widowers, orphans and vulnerable children (OVC), child labor and low economic activities, all of which perpetuates a cycle of HIV infection in the area.

The study concludes that the experienced realities of poverty, unemployment, stigma and social exclusion compel research participants to make constructed choices, which in turn fuel the spread of the disease in the area.

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## *DEDICATION*

*To my dear husband Otto, for the huge sacrifices, unconditional love, support and the encouragement to soldier on.*

*To my brother Kwabena who makes my life a little easier.*

## TABLE OF CONTENTS

	Page
Permission to use .....	i
Abstract .....	ii
Acknowledgements .....	iv
Dedication .....	vi
Table of Contents .....	vii
List of Tables .....	xiii
List of Figures .....	xiv
Acronyms and Abbreviations .....	xv
 <b>CHAPTER 1: INTRODUCTION TO THE STUDY.....</b>	<b>1</b>
1.0 Introduction.....	1
1.1 Background to the Problem.....	6
1.2 Significance of study.....	13
1.3 Main Arguments and Research Questions.....	14
1.4 Structure of Dissertation.....	15
 <b>CHAPTER 2: BACKGROUND TO STUDY AREA AND AN OVER VIEW</b>	
<b>OF MIGRATION PATTERNS IN GHANA.....</b>	<b>17</b>
2.0 Introduction.....	17
2.1 Background of the Study Area.....	18
2.1.1 Ghana.....	18
2.1.2 Manya Krobo Area.....	20



2.2	Development Phases, Policies and Migration Patterns in Ghana.....	25
2.2.1	Pre-colonial Era.....	25
2.2.2	Colonial Era.....	27
2.2.3	The Independence Era.....	32
2.2.4	Post-Independence Era.....	35
2.3	Chapter Summary.....	45
<b>CHAPTER 3: LITERATURE REVIEW AND THEORETICAL FRAMEWORK.....</b>		<b>48</b>
3.0	Introduction.....	48
3.1	Overview Labor Migration, Human Trafficking and HIV/AIDS.....	49
3.2	Internal Migration, Human Trafficking and HIV/AIDS in Ghana.....	53
3.3	HIV/AIDS in the Context of Africa.....	56
3.4	Socio-economic Determinants of HIV/AIDS.....	61
3.4.1	Socio-demographic Characteristics and HIV/AIDS Infection.....	63
3.5	UN Human Trafficking Protocol.....	65
3.5.1	National Human Trafficking Legislations.....	71
3.5.2	The U.S Human Trafficking Policy.....	71
3.5.3	Ghana's Human Trafficking Policy.....	73
3.6	Theoretical Framework.....	80
3.6.1	Development Theories.....	80
3.6.2	Postmodernists Perspective.....	87

## **CHAPTER 4: RESEARCH METHODOLOGY.....93**

4.0	Introduction.....	93
4.1	Methods.....	93
4.1.1	Research Design and Setting.....	93
4.2	Data Collection and Analysis.....	95
4.2.1	Selection of Research Participants.....	97
4.2.2	Training of Research Assistants.....	100
4.2.3	Focus Group Discussions.....	104
4.2.4	Structured (Questionnaire) Interviews.....	106
4.2.5	In-depth Semi-Structured Face-to-Face Interviews.....	107
4.2.6	Participants Observation.....	109
4.3	Data Analysis.....	111
4.4	Validity.....	114
4.5	Ethical Consideration.....	116
4.6	Researcher's Positionality.....	118
4.7	Challenges and Limitations of Study.....	120

## **CHAPTER 5: DEMOGRAPHIC CHARACTERISTICS, INTERNAL MIGRATION AND THE HIV/AIDS EPIDEMIC IN THE MANYA KROBO AREA.....124**

5.0	Introduction.....	124
5.1	Socio-Demographic Distribution of Respondents.....	125
5.1.1	Distribution of Respondents by Sex.....	126
5.1.2	Distribution of Respondents by Age .....	127
5.1.3	Distribution of Respondents by Educational Attainment.....	129

5.1.4	Distribution of Respondents by Occupation.....	131
5.1.5	Distribution of Respondents by Annual Household Income.....	134
5.2	Patterns of Migration.....	136
5.2.1	Migration Patterns of Respondents.....	136
5.2.2	Internal and External Migration.....	139
5.2.3	Respondents Reasons for Migrating.....	140
5.2.4	Number of Years as Migrant.....	144
5.2.5	Reasons for Returning to Place of Origin.....	147
5.3	The Gay and Lesbian Community.....	149
5.4	Chapter Summary.....	152
 <b>CHAPTER 6: MIGRATION, HUMAN TRAFFICKING AND HIV/AIDS.....</b>		<b>155</b>
6.0	Introduction.....	155
6.1	Human Trafficking and Recruitment Practices.....	156
6.1.1	Child Trafficking Recruitment.....	157
6.1.2	Peer Trafficking Recruitment.....	160
6.1.3	Destination Trafficking.....	164
6.2	Forms of Trafficking: Lived Experiences.....	168
6.3	Link between Internal Human Trafficking and HIV/AIDS.....	177
6.4	Chapter Summary.....	180

## **CHAPTER 7: THE DYNAMICS AND COMPLEXITIES: OTHER FACTORS**

### **MEDIATING THE SPREAD OF HIV/AIDS IN THE MANYA**

#### **KROBO AREA.....183**

7.0	Introduction.....	183
7.1	Other Factors Facilitating the Proliferation of HIV/AIDS.....	184
7.1.1	Stigma, Living in Denial of HIV Status, Non-disclosure.....	185
7.1.2	Increased Rape Cases, Unprotected Sex, Remarrying after Death of Spouse.....	190
7.1.3	Shortage of Testing Kits, Emergence of Micro Finance Institutions, Proliferation of Entertainment Centers.....	193
7.1.3.1	Proliferation of Microfinance Institutions.....	195
7.1.3.2	Proliferation of Entertainment Centers.....	198
7.1.4	Cultural Practices.....	199
7.1.4.1	The <i>Dipo</i> Rite of Passage.....	200
7.1.4.2	The <i>La Pomi</i> Custom.....	206
7.2	The Reality on the Ground: Problems and Challenges.....	210
7.2.1	Advanced Information, Communication and Technology.....	212
7.3	Chapter Summary.....	213

## **CHAPTER 8: SUMMARY RECOMMENDATIONS AND CONCLUSION.....216**

8.0	Introduction.....	216
8.1	Summary of Key Findings.....	217
8.2	Recommendations and Policy Implications.....	223
8.3	Implication for Future Research.....	231
8.4	Conclusion.....	233

REFERENCES.....	236
APPENDIX A: Pictures of Akosombo and Kpong Dams.....	272
APPENDIX B: List of Documents Analyzed.....	273
APPENDIX C1-3: Interview Guides: Focus Groups, Structured Questionnaire and Semi-Structured.....	274-282
APPENDIX D: ILO and EU Operational Indicators of Trafficking in Human Beings.....	283
APPENDIX E: University of Saskatchewan Behavioral Research Ethics Board Certificate of Approval.....	290
APPENDIX F: Ghana Health Service Ethical Review Board Approval Letter.....	291

## LIST OF TABLES

	Page
Table 1: Frequency Distribution of Respondents by Migration Trend.....	139
Table 2: Distribution of Respondents by Reasons for Migrating.....	142
Table 3: Distribution of Respondents by Number of Years at Destination Place.....	145
Table 4: Distribution of Respondents by Reasons for Finally Returning to Place of Origin.....	147

## LIST OF FIGURES

	Page
Fig. 1: Map of Ghana with the Ten Regions.....	19
Fig. 2: Map of Manya Krobo Area with Surrounding Towns.....	25
Fig. 3: Percentage Distribution of Respondents by Sex.....	126
Fig. 4: Percentage Distribution of Respondents by Age.....	128
Fig. 5: Percentage Distribution of Respondents by Educational Attainment.....	130
Fig. 6: Percentage Distribution of Respondents by Occupational Status.....	132
Fig. 7: Percentage Distribution of Respondents' Annual Household Income.....	135
Fig. 8: Percentage Distribution of Respondents by Migration Status.....	137

## ACRONYMS AND ABBREVIATIONS

AG's	Attorney-General's
AHTU	Anti-human Trafficking Units
AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-retroviral Treatment
ATL	Akosombo Textile Company Limited
BIP	Border Industrialization Program
CATW-AP	Coalition against Trafficking in Women Asia Pacific
CATW	Coalition against Trafficking in Women
CPP	Convention People's Party
CSO	Civil Society Organisations
CV	Curriculum Vitae
DAB	Diaspora Affairs Bureau
DFID	Department for International Development-United Kingdom
DOVVSU	Domestic Violence and Victim Support Unit
DSU	Diaspora Support Unit
DSW	Department of Social Welfare
ECF	Extended Credit Facility
ECLAC	Economic Commission for Latin America and the Caribbean
ECOWAS	Economic Community of West African States
e-folder	Electronic Folder
EPZ	Export Processing Zones
ERP	Economic Recovery Program



EU	European Union
FAO	Food and Agriculture Organization
FGDs	Focus Group Discussions
FHI	Family Health International
GAATW	Global Alliance against Trafficking in Women
GAC	Ghana AIDS Commission
GAMFC	Ghana Association of Microfinance Companies
GAO	Government Accountability Office (United States)
GDP	Gross Domestic Product
GEA	Ghana Employment Authority
GH¢	Ghana Cedis
GHS	Ghana Health Services
GHSERC	Ghana Health Service Ethical Review Committee
GIS	Ghana Immigration Services
GLSS	Ghana Living Standard Survey
GNI	Gross National Income
GOG	Government of Ghana
GPRSP	Ghana Poverty Reduction Strategy Paper
GPS	Ghana Police Service
GSS	Ghana Statistical Service
GTA	Ghana Tourist Authority
HDI	Human Development Index
HIPC	Highly Indebted Poor Countries Initiative

HIV	Human Immunodeficiency Virus
HRC	Human Rights Caucus
IAF	International Abolition Federation
ICAD	Interagency Coalition on AIDS and Development
ICT	Information, Communication and Technology
IDU	Injecting Drug Use
IFIs	International Financial Institutions
ILO	International Labor Organization
IMF	International Monetary Fund
INTERPOL	International Criminal Police Organization
IOM	International Organization for Migration
IPEC	International Program on the Elimination of Child Labor
JSS	Junior Secondary School
JTL	Juapong Textile Company Limited
LGBT	Lesbians, Gay, Bi-sexual and Transgender
LMKD	Lower Manya Krobo District
MDGs	Millennium Development Goals
MFI	Microfinance Institutions
MGCSP	Ministry of Gender, Children and Social protection
mHealth	Mobile Health
MKA	Manya Krobo Area
MNCs	Multi-national Companies
MoH	Ministry of Health

MOU	Memorandum of Understanding
MOWAC	Ministry of Women and Children Affairs
NACP	National AIDS Campaign Program
NAPLAS	National Association of People Living with HIV/AIDS
NDC	National Democratic Congress
NGO	Non-Governmental Organisations
NIC	Newly Industrialized Countries
NLC	National Liberation Council
NPP	New Patriotic Party
NRC	National Redemption Council
NSWP	Network Sex Workers Project
OCW	Overseas Contract Workers
OIC	Opportunities Industrialisation Centre
OPD	Out Patient Department
OSCE	Organization for Security and Co-operation in Europe
OVC	Orphan and Vulnerable Children
PAMSCAD	Program of Action to Mitigate the Social Costs of Adjustment
PCI	Per Capital Income
PEFA	Public Expenditure and Financial Accountability
PLWHA/PLs	People Living with HIV/AIDS
PNDC	Peoples National Defence Council
PP	Progressive party
SAP	Structural Adjustment Program

SEE	South-Eastern Europe
SMC	Supreme Military Council
SME	Small and Medium Skill Enterprises
SMS	Short Messaging Services
SOEs	State owned Enterprises
SPSS	Statistical Package for Social Sciences
SSA	Sub-Saharan Africa
SSS	Senior Secondary School
STI	Sexually Transmitted Infections
TEGLEU	Textile Garment and Leather Workers' Union
TIP	Trafficking in Persons
TNC	Transnational Corporations
TUC	Trades Union Congress
TVPA	Trafficking Victims Protection Act
UN	United Nations
UNAIDS	United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
USD	United States Dollars
VCT	Voluntary Counselling and Testing
VRA	Volta River Authority
W.H.I.S.P.E.R	Women Hurt in Systems of Prostitution Engaged in Revolt
WHO	World Health Organisation

# **CHAPTER 1**

## **INTRODUCTION**

### **1.0 Introduction**

Since HIV/AIDS was first recorded in Ghana in the early 1980s, the Manya Krobo area in the Eastern Region of Ghana has persistently registered the highest HIV/AIDS prevalence rate in the country. Whereas, HIV/AIDS prevalence in Ghana compared to other countries in the sub-region is relatively low (1.3%), local variations in HIV prevalence in the country is a cause for concern. While the Manya Krobo study area has a current prevalence rate of 11.6% (MoH, 2014), almost nine times higher than the national average, other regions remain virtually untouched (Osafo et. al., 2013). Migration has been identified as a key factor underlying the spread of the disease among the Manya Krobos (Anarfi, 2003; Sauv   et. al., 2002).

Commentators (Piper, 2005; OSCE, 2004; Luda, 2003 [as cited in Okojie, 2009]) on this subject contend that human trafficking thrives where labor migration abounds. While human trafficking exists both internally to nation states and transnationally (Adepoju, 2005; Aronowitz, 2009), studies on the subject have focused mainly on trafficking across borders. This study, therefore, aims to determine whether the high migration occurrence in the study area has elements of internal human trafficking and also examines whether internal human trafficking contributes to the spread of HIV/AIDS in the Manya Krobo area. The study also explores other underlying factors facilitating the spread of HIV/AIDS in the Manya Krobo area.

Trafficking in human beings for the purpose of sexual exploitation or forced labor has generated increasing global attention in the wake of its rapid growth in recent years. Human

trafficking involves the recruitment or movement of people (men, women and children) either internally or across international borders usually through the use of force, fraud, deception, coercion, or the abuse of power for the purpose of exploitation (UNODC, 2008; Lee, 2007:1-3; Samarasinghe, 2003:91). Estimates involving human trafficking are often inaccurate due to disparities in the definition and the clandestine nature of the phenomenon. However, according to an ILO report, 12.3 million people were directly affected in forced labor worldwide in 2005. Of this number, about 2.4 million representing one-third were trafficked, both internally and across international borders (ILO, 2005b). Among the millions of trafficked persons, a disproportionate number are women and children (Samarasinghe, 2008; Masika, 2002). Traffickers often promise recruited persons or targets<sup>1</sup> well-paying jobs and better opportunities abroad (Bastia, 2006). Targets agree, only to be confronted by forced labor under exploitative conditions in sweatshops, domestic servitude, sex work and debt bondage (Narang and Wiesen, 2007; Okojie, 2009; Popli, 2008) in destination countries or areas. Human trafficking is reported to be the third largest organized crime behind illegal sale of drugs and guns (Kelly, 2005), and generates an estimated global income of about US\$7 billion annually (Samarasinghe, 2003:91).

One of the many countries where human trafficking is becoming a problem is Ghana. In describing how rampant the human trafficking situation is in Ghana, the national Women's Information Centre (WIC, 2008) in a Report on human trafficking recounted a situation where a fisherman bought over 30 children between the ages of 3 and 14 years for prices ranging from GH¢150 to GH¢500 (i.e. US\$50-167), depending on the age of the child.<sup>2</sup> Furthermore, Ghana

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<sup>1</sup> In this dissertation, I prefer to use the term "trafficked person" or "targets for trafficking" to replace "victims of trafficking" which is the common reference in the literature. The term "victim of trafficking" is problematic because it does not acknowledge the agency of people targeted for human trafficking and also shifts accountability from perpetrators and the larger systems that support them.

<sup>2</sup> Women's Information Centre Report published April, 2008  
<http://www.antitraf.net/home.php?mode=more&id=18&lang=en>. Accessed May 14, 2015.

Immigration Services (GIS) estimates the number of women trafficked to and from Ghana between 1998 and 2000 to be over 3,582 (as cited in Danish Immigration Service report, 2008). This reported figure, however, remains highly unreliable and could be much higher, partly due to the covert nature of the trade in humans and also because of the inconsistent and limited data on human trafficking in Ghana (U.S State Dept. 2011; Taylor, 2002).

Rapid growth in the illicit trade in humans in Ghana and across the globe raises concerns about its implications for the spread of HIV/AIDS (Agadjanian, 2008:415; Kropiwnicki, 2010). Trafficked women and children have been noted to be highly susceptible to HIV infection (Narang and Wiesen, 2007). Taylor (2002) asserts that the spread of HIV/AIDS in Ghana could be attributed to the surge in the trafficking of women from Ghana to other countries. In Southern Africa, HIV/AIDS prevalence among trafficked targets is deemed to be higher than that among the general population.<sup>3</sup> Likewise, in some Asian countries such as Thailand and Indonesia, HIV/AIDS is noted to be high among enslaved prostitutes and in areas where girls are most often trafficked (Bales, 2010 [cited in Ehrenreich and Hochschild, 2010]; Bohl, 2010). In spite of the health risks that human trafficking poses to the wider population, the phenomenon continues to spread across the globe.

The magnitude of the problem of human trafficking can only be understood when viewed from the broader socio-economic contexts within which it occurs. Human trafficking is a phenomenon that is often driven by social exclusion and marginalization, poverty, lack of livelihood opportunities, and armed conflict, among others (Cameron and Newman, 2008; Bales,

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<sup>3</sup> “The Overlap between Human Trafficking and HIV AIDS in Africa”. Posted by Aconerly Coleman, 2011. <https://thesojournerproject.wordpress.com/2011/01/30/article-the-overlap-between-human-trafficking-and-hiv-aids-in-africa/>. Accessed May 17, 2015.

1999). These socio-economic conditions have been worsened by the process of economic restructuring and globalization. Notwithstanding claims of its benefits, economic globalization has led to unparalleled development and opportunities within and between countries and the high demand for cheap migrant labor in developed countries. This global economic dynamic has created high levels of social and economic inequalities and instability among people particularly in developing countries, as evidenced by displacement of farmers from agricultural lands, poverty, rising unemployment, disease, food insecurity and dislocation through armed conflict (ILO, 2005a).

These trends have led to the emergence of “economic migrants” who are desperate to escape the harsh socio-economic conditions in countries or communities of origin by migrating to wealthier regions of the country or abroad in search of alternative livelihood options (Chuang, 2006a:138). The situation is further compounded by unfavorable international trade agreements and global economic policies implemented through trade liberalization and Structural Adjustment Programs (discussed in chapter 2 of this thesis) (Misra, 2007:1-3). Human trafficking thus occurs within the context of rising inequalities and a lack of opportunities within and between countries as a result of unequal distribution of resources (Cameron and Newman, 2008; McMichael, 2009; Elabor-Idemudia, 2003). This reality notwithstanding, Ghana has given limited attention to the socio-economic conditions fueling the illicit trade in persons. Instead, the country places more emphasis on border security and punitive measures. However, as research has shown, adopting protective strategies to curb human trafficking compounds rather than solves the problem (Chuang, 2006a; Doezema, 2000; Kempadoo, 2005). This situation appears to be the case in the Manya Krobo area, as revealed in the findings of the field research informing this dissertation (discussed in chapters 6).



To understand the nexus between migration, human trafficking and HIV/AIDS, this study adopts a broad development framework that situates the problem of migration, human trafficking and HIV/AIDS in the study area within the larger context of global inequalities associated with capitalist development and economic globalization.<sup>4</sup> Building on this framework, the research adopts a postmodernist theoretical perspective as a lens through which the high rate of migration, human trafficking, and HIV/AIDS in the study area are contextualized and examined.

Postmodernism is built around core principles (such as inclusiveness and respect for Indigenous knowledge, as opposed to economic growth and mega theories) that challenge all theories and development practices which focus on capitalist ideas and economic growth models as strategies for reducing poverty and inequality in society. Postmodernism rejects grand and totalizing theories as it posits that knowledge is locally embedded and, therefore, must be historically and culturally contextualized. Postmodernists (Escobar, 1995; Rahnema, 1997; Muller, 2006; McKinnon 2008; Esteva and Prakash, 1998) thus challenge current development thinking and practices that are based on over-generalized modernist notion of “progress,” as a form of western ideology. In a postmodernist view, development has been projected without adequate question as a desirable objective to be pursued by all peoples and cultures at all costs (Culvinanti, 2007). Postmodernists have therefore called for a deconstruction of the term “development” (Rosenau, 1992) and for “alternatives to development” to be identified and pursued (discussed further in chapter 3).

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<sup>4</sup> Economic globalization is generally referred to as the increasing integration of national economies. What set economic globalization apart from the other forms of globalization is that it is usually associated with neo-liberal policies emphasizing economic growth; progress; efficiency; competition; private ownership and pro-capitalist government policies. Such policies include reductions in tariffs, elimination of restrictions on foreign investment, trade liberalization, and the inclusion of services such as banking and insurance in trade regimes. (WHO: Trade, foreign policy, diplomacy and health, <http://www.who.int/trade/glossary/story043/en/>). Accessed January 14, 2015.

Based on this post-development analytical framework and drawing predominantly on qualitative research methods, this study critically investigates the link between internal migration, human trafficking, and HIV/AIDS in the Manya Krobo area in the eastern region of Ghana.

## **1.1 Background to the Problem**

Since HIV/AIDS was first recorded in Ghana in the early 1980s, the Manya Krobo area has persistently recorded the highest HIV/AIDS prevalence rates. In the course of just twelve and a half years (2005-2013), HIV/AIDS prevalence rates in the Manya Krobo area rose from 6.0% to 11.6%.<sup>5</sup> Women were identified as the group most exposed to HIV/AIDS infection in the area. Of a total number of 618 new clients receiving HIV clinical care in the Lower Manya Krobo District (LMKD) between January and June 2010, more than 70% were females.<sup>6</sup>

The increasing incidence of HIV/AIDS in the Manya Krobo area has come with economic and social costs to the people and community as a whole. Like most transmittable diseases, HIV/AIDS is associated with poverty. The relationship, however, is said to be bi-directional in that, while poverty is a key factor underlying HIV transmission, HIV/AIDS in itself can impoverish people in a way that aggravates the epidemic (Collins and Rau, 2001). This does not mean that only poor people contract HIV/AIDS; rich people also get infected with the disease but they are better able to manage it because they are financially resourced and have good support systems. The pervasiveness of HIV/AIDS in the study area has not only affected the economic situation of the people but also the survival of small scale-businesses and petty trading. Research

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<sup>5</sup> In 2005, the Manya Krobo area recorded an HIV/AIDS prevalence rate of 6.0%; rising significantly to 8.4% in 2006; 8.9% in 2007; and 8.0% in 2008. The figures dropped sharply to 5.8% in 2009 and saw a 2.0% increase to 7.8% in 2010. This high trend continued unabated in subsequent years as the HIV prevalence increased considerably to 8.8%, 10.1%, and 11.6% in 2011, 2012 and 2013 respectively (MoH, 2014).

<sup>6</sup> 2010-Half-Year HIV/AIDS Performance Review Report of the Lower Manya Krobo District, presented by the district HIV/AIDS Coordinator Mr. Isaac K. Antwi.

participants indicated that businesses barely survive in the community, as people are too poor to patronize the services or products carried by the businesses, thus contributing to high population mobility in the area (as discussed in chapter 5). As productivity falls, businesses are likely to fold up, causing both owners and employees to lose their sources of income and increasing unemployment levels in the community. The unemployment rate in the Manya Krobo area is one of the highest in the region and is estimated at 11.3%, which is similar to the HIV/AIDS prevalence rate of 11.6%. The regional rate of unemployment is 3.7% while the national average is 5.5%. The underemployment situation is also high constituting 31.0%, of the total regional population and much higher than the national average (13.6%).<sup>7</sup>

The social impact of the epidemic is manifested in the substantial proportion of widows, orphans and vulnerable children (OVC) present in the population of the study area.<sup>8</sup> Lund and Agyei-Mensah (2008) identified two types of OVC in “Krobo land:” “development-related and health related.” The “development-related” OVC are those neglected by their parents due to poverty, while those who lost both parents to HIV/AIDS and are left on their own to fend for themselves constitute the health-related OVC (p. 104). Most of the widows (who lost partners through HIV/AIDS), on the other hand, face extreme financial difficulty, which in turn impacts on the well-being of their children.

School dropouts, truancy and child labor are increasing trends in the study area (as discussed in chapter 6). These phenomena arise as a consequence of grandmothers taking care of their orphaned grandchildren, and sick parents’ inability to guide and take proper care of their

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<sup>7</sup> The 2003 Core Welfare Indicators Questionnaire (CWIQ) Survey: Eastern region districts summary, from <http://www.statsghana.gov.gh/docfiles/cwiq%20east-reg-dist.pdf>. Accessed May 25, 2015

<sup>8</sup> Modern Ghana website: <http://www.modernghana.com/news/79947/1/200000-children-turned-orphans-in-20-districts-due.html>). Accessed June 9, 2012.

children or grandchildren. In her study of orphan children and caregivers in the Manya Krobo area, Atobrah (2004), observed that grandmothers caring for orphaned grandchildren whose parents had died from HIV/AIDS-related illness constituted 65% of the research participants. Often lacking the necessary support, guidance, and care, these children become vulnerable to all forms of exploitation including human trafficking. Others, in their quest to survive, engage in risky sexual behaviors (such as having multiple sexual partners, or involvement with prostitution), rendering them susceptible to HIV infection – thus, perpetuating the cycle of disease in the study area.

The mediating role of the HIV/AIDS epidemic in the socioeconomic life of the Manya Krobos cannot be overemphasized. Whole households in the community have been wiped out, and there are many too sick to engage in any meaningful economic activity. Research participants stated that on the average, one person living with HIV/AIDS could be found in every other household in the community. When breadwinners of families die or are unable to work due to HIV/AIDS, the family members face huge financial stress as the cost of funerals and medical bills of sick family members escalate (Danziger, 1994:905). Consequently, many families quit their jobs to provide home-based care, which further reduces their earning capacity and deepens poverty levels.<sup>9</sup> The myriad of problems (such as low productivity, unemployment, school dropouts, a sick population, poverty) that HIV/AIDS inflicts on the Manya Krobos exacerbates the spread of the disease in the area.

Efforts to stem the HIV epidemic (i.e. medical and public education approaches) in the area have so far not yielded the expected results as initiatives targeted at behavioral change alone are insufficient. This is because the determinants of HIV/AIDS go beyond an individual's power to

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<sup>9</sup> AVERT: <http://www.avert.org/impact-hiv-and-aids-sub-saharan-africa.htm>. Accessed May 22, 2015.

choose, and need to include the social and economic realities of collectives that facilitate and are affected by the disease (Collins and Rau, 2000:2; Farmer et al., 1996). Document analysis of the Ghana HIV/AIDS Act (2008), National HIV/AIDS and STI policy (2004); the Lower Manya Krobo District Performance Review Report (2010), and HIV/AIDS Strategic Plan (2011-2015) reveal that most of the interventions targeted at reducing HIV/AIDS prevalence in the study area, have focused largely on medical interventions and behavioral change.

Although these strategies have achieved some level of success, they have failed to make significant impact in the study area for three identifiable reasons: First, policies and intervention strategies aimed at curbing the disease place little emphasis on the socio-economic factors (such as gender, culture, economic situation, unemployment, and migration) facilitating the spread of HIV/AIDS. McKeown (1976) and Illich (1976) assert that better medical care alone does not necessarily produce significant gains in a population's health; rather an understanding of underlying socioeconomic conditions will help reduce health inequalities. Second, the gendered nature of HIV/AIDS although clearly identified and marked for solution, it is yet to be tackled in reality. Third, while the government is keen on developing policy strategies to contain HIV/AIDS in Ghana, commitment of resources and funding for programs remains minuscule. Budgetary allocations to support AIDS control activities remain highly inadequate. For instance, a mid-year performance report on the Lower Manya Krobo District's (LMKD) HIV/AIDS control program indicates inadequate funding for HIV/AIDS activities as one of its challenges.<sup>10</sup> Policies and strategies that do not address these factors, which directly or indirectly influence the transmission and the spread of HIV/AIDS, have left most control "programs and strategies in Ghana largely ineffective" (Fobil, 2006:465).

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<sup>10</sup> 2010-Half-Year HIV/AIDS Performance Review Report of the Lower Manya Krobo District, presented by the district HIV/AIDS Coordinator Mr. Isaac K. Antwi.

To comprehend the context in which HIV/AIDS spread takes place in the Manya Krobo area, it is important to take cognizance of the migration dynamics in the Eastern region of Ghana, where the study area is located. The region has one of the highest emigrant populations at 20.2% and a return migrant population rate of 41.5% (GLSS5, 2008). Therefore, the extremely high prevalence of HIV/AIDS in the Manya Krobo area can be reasonably attributed to labor migration of the Krobo people along with other factors (Anarfi 1992; Decosas 1996). Sauvé et al., (2002) in their study of the high prevalence of HIV/AIDS in the region noted that it was linked to the construction of the Akosombo and Kpong hydroelectric dams in the Manya Krobo area in 1965 and 1982 respectively. The creation of the Akosombo dam necessitated the resettlement of about 80,000 people, who were displaced from 739 villages. Similarly, 7,000 people were forced to leave their lands as a result of the construction of the Kpong dam (Girmay 2006). The flooding of arable land and habitats caused by the construction of the dams coupled with a failed resettlement program worsened the living conditions of the people, which in turn precipitated migration in the area.<sup>11</sup> A long history of colonial exploitation of resources in the area also added to the woes faced by the Manya Krobos (Lund and Agyei-Mensah, 2008, Amanor, 1994). The introduction of cash cropping (palm oil and cocoa) by British colonizers in the 19<sup>th</sup> century left in its wake a pool of landless labor and severe soil degradation resulting from depletion of forest cover by activities of intense commercial agriculture (Amanor, 1994:52).

These trends and occurrences resulted in economic constraints that prompted migration of the inhabitants to urban areas and neighboring countries. For instance, Amanor (1994) observed that the extensive practice of commercial agriculture led to mass outmigration of landless farmers

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<sup>11</sup> Daley, Ben (2014), The Centre for Development, Environment and Policy (CeDEP) and SOAS. Retrieved from [http://www.soas.ac.uk/cedep-demos/000\\_P501\\_USD\\_K3736-Demo/unit1/page\\_18.htm](http://www.soas.ac.uk/cedep-demos/000_P501_USD_K3736-Demo/unit1/page_18.htm). Accessed October 26, 2015.

to neighboring cocoa producing towns and communities, where most of them worked as laborers for landowners or became heavily entangled with debt (Amanor, 1994:52). Others, especially young women, moved to La Côte d'Ivoire, where many became infected with HIV through prostitution. Decosas et al. (1995) observed that the Krobo tribe from Eastern Ghana remains the dominant group among all professional prostitutes in Abidjan. In her study of AIDS-related orphans in the Manya Krobo District (now divided into Upper and Lower Manya Krobo Districts), Atobrah (2004) noted that labor migration was a dominant feature in orphan households. "The 183 AIDS orphan caretakers interviewed in this study reported that mothers of 123 of the orphans had migrated and lived outside the region, particularly in Abidjan and Nigeria. A total of 15 mothers had migrated internally to Kumasi, Obuasi and Tarkwa," towns in Ghana (p. 73). Many writers and analysts assert that economic migration and trafficking overlap. It is thus difficult to distinguish between voluntary and forced movement because most people who are affected by trafficking are migrant workers who leave their country of origin to seek work abroad (Bastia, 2006). In that sense, trafficking can be considered a consequence of what is "labeled as the commodification of migration" (Bohl, 2010:14). Other commentators on the subject (Anarfi, 2003; Kropiwnicki, 2010; Collins and Rau, 2000), associate labor migration and human trafficking with the spread of HIV/AIDS.

Migration in the study area was further compounded by the introduction of Structural Adjustment Programs (SAPs) in Ghana. Hardly had the people recovered from the effects of the dam construction projects when the harsh policies of Structural Adjustment were imposed on Ghana and other developing countries by the World Bank and International Monetary Fund (IMF) in the early 1980's. SAPs, known in Ghana as "belt-tightening" policies, introduced trade liberalization; commercial agriculture; currency devaluation; removal of subsidies on agriculture

inputs; a freeze on public sector employment; privatization of state-owned assets; and full cost recovery of health delivery services (referred to as “cash and carry). Although these policies were hinged on the “concept of providing pro-poor growth and development” (Awumbila et. al., 2011a:51), they instead aggravated the declining Ghanaian economy and living conditions which, in turn, affected migratory configurations (p. 51). Migration, therefore, became a survival strategy to escape the difficult economic conditions in the area.

It is important to note that, while most studies have focused on cross-border migration and trafficking, internal versions are as problematic as the international dimensions. There is a connection between both forms of trafficking in persons, as migrants who are trafficked across international borders are often trafficked internally first. Ghana has been described as a source, transit, and destination country for women and children trafficked for purposes of forced labor and commercial sex exploitation (U.S. State Dept. Report, 2011)<sup>12</sup>. Trafficking within the country has been observed to be more prevalent than international trafficking (U.S. State Dept. Report, 2011)<sup>13</sup>.

Despite the abundance of evidence of high migration rates in the Manya Krobo area and the fact that migration is a precursor to human trafficking, which in itself is linked to the spread of HIV, no studies to date have been conducted on this topic in Manya Krobo. By exploring the link between internal migration, human trafficking, and HIV/AIDS in the Manya Krobo area, this study provides both a critical reflection on the topic and useful information for developing more effective strategies to address the HIV/AIDS crisis in the Manya Krobo area.

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<sup>12</sup>United States Department of State Trafficking in Persons Report, 2011. Accessed on October 20, 2012 at <http://www.state.gov/documents/organization/192595.pdf>

<sup>13</sup>Ibid.



## 1.2 Significance of Study

This study is significant on a number of fronts. First, human trafficking has become a global phenomenon affecting the lives of over 800,000 million persons across the world (Popli, 2008; ILO, 2005a; U.S State Department, 2004). The magnitude of the practice has caught the attention of international bodies like the United Nations (UN), International Organization for Migration (IOM) and the Department of International Development (DFID) researchers who are trying to understand the problem and institute measures to curb it. The focus of attention, however, has been skewed towards cross-border trafficking, although there is significant evidence indicating that internal migration and trafficking are equally problematic (Okojie, 2009; Adepoju, 2005; Aronowitz, 2009; GNA August, 2012). This study is, therefore, significant in that it brings internal human trafficking to the attention of both national and international actors.

Secondly, Ghana has had more than its fair share of incidences of human trafficking (U.S State Department, 2011; IOM, 2005; ILO, 2005b ) yet, research and data are scarce on the subject. While Taylor (2002) observes limited information on human trafficking in Ghana, the U.S State Department Report on Trafficking in Persons (2011) notes that documentation and aggregation of data on human trafficking cases in Ghana is poor and needs to be improved. The dearth of information on internal human trafficking in Ghana makes this study relevant, as it fills this gap.

Furthermore, some commentators on sub-Saharan Africa (SSA) contend that in order to understand the HIV/AIDS epidemic and to initiate appropriate interventions to reduce its spread, it is important to target most-at-risk HIV/AIDS populations and carry out country-specific analysis of the determinants of HIV infections in the sub-region (Aseidu et. al., 2012; Fortson, 2008). This study targets a vulnerable population in Ghana and explores the factors contributing to the high susceptibility of HIV/AIDS among the populace of the Manya Krobo area. To this end, such an

endeavor provides insight into the experiences of people living with HIV/AIDS (PLWHAs) which could help in developing more effective interventions to curb the HIV/AIDS pandemic in the study area.

Most of the interventions implemented so far to control the spread of HIV/AIDS in the study area, have been medical and target behavioral change campaigns. Nonetheless, McKeown (1976) asserts that medical care alone does not inevitably give rise to a healthy population; rather an understanding of socioeconomic conditions under which people live can help in the development of appropriate interventions to bridge health inequality. In line with this claim, this study adopts an expanded perspective in examining how the proliferation of HIV/AIDS in the Manya Krobo is analyzed and discussed, using the lenses of the postmodernism. Postmodernism is both critical and suggestive of alternative views of development.

### **1.3 Main Argument and Research Questions**

The overarching argument advanced in this dissertation is that the high migration pattern in the Manya Krobo area has elements of internal human trafficking for labor and sexual exploitation, which in turn contributes to the proliferation of HIV/AIDS in the area. Although the discourse on high population movements in the Manya Krobo area is not new, the link between human trafficking and the incidence of HIV/AIDS offers new perspectives on how the spread of the disease in the study area should be conceptualized and analyzed. The main objectives of this research, therefore, are to determine:

1. Whether there is a link between internal migration and human trafficking in the study area.
2. If human trafficking contributes to the high incidence of HIV/AIDS in the Manya Krobo area.

3. Whether there are other underlying factors informing the spread of HIV/AIDS in the study area.

Based on these broad objectives, the study is guided by the following research questions:

1. Do migrants from the Manya Krobo area experience human trafficking?
2. How does human trafficking contribute to the spread of HIV/AIDS in the Manya Krobo area?
3. In addition to human trafficking, what other factors facilitate and contribute to the spread of HIV/AIDS in the Manya Krobo area?

#### **1.4 Structure of Dissertation**

In order to achieve the study's objectives, this dissertation is divided into eight chapters. Chapter one is the introduction to the thesis. Chapter 2 provides background information on Ghana and the Manya Krobo Area. The chapter also reviews development policies adopted by successive governments in Ghana (from the colonial era to the present administration) and how these policies have influenced migration patterns in the country. The chapter concludes with a discussion of how the policies pursued by successive Ghanaian governments have fed into the economic globalization agenda, which in turn fuelled migration and human trafficking in Ghana.

Chapter 3 entails a review of the existing literature on migration, human trafficking and HIV/AIDS, including the divergent debates that culminated in the passing of the United Nations Convention to "Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, Supplementing the United Nations Convention Against Transnational Organised Crimes," generally referred to as UN trafficking protocol (2000). The chapter also discusses the dominant role the United States (U.S.) has arrogated to itself in ensuring compliance with the U.N

human trafficking protocol (2000), through its annual country assessments and the implications for Ghana. This includes a review of Ghana's Human Trafficking Policy (Act 694) and the challenges mediating the Act's successful implementation. Finally, the chapter concludes by discussing the adopted analytical framework for contextualizing and interpreting the research findings.

Following from the theoretical framework, chapter 4 discusses the methodology and ethical considerations of the research. The chapter also highlights the challenges the researcher was confronted with and limitations of the study.

Chapter 5 presents the descriptive statistical analysis of the quantitative data from the field work, while chapter 6 discusses the qualitative data analysis and uses the empirical findings in both chapters 5 and 6 to establish a link between migration, human trafficking and HIV/AIDS.

Chapter 7 further analyzes the empirical findings of the research in terms of other factors found to facilitate the spread of HIV/AIDS in the study area. The chapter also outlines the functions of people living with HIV/AIDS (PLWHA) support groups in Manya Krobo and challenges faced by PLWHA in the area as a whole.

Chapter 8, the concluding chapter, summarizes the study's key findings, makes recommendations for how to respond to the incidences of high migration, human trafficking, and HIV/AIDS in the Manya Krobo area and identifies potential areas for future research.

## CHAPTER 2

### **BACKGROUND TO STUDY AREA AND AN OVERVIEW OF DEVELOPMENTAL PHASES, POLICIES AND MIGRATION PATTERNS IN GHANA**

#### **2.0 Introduction**

As with most developing countries in Africa, Ghana – as an emerging developing economy, has gone through four major developmental epochs before arriving at its current sovereign standing. Largely, these four historical phases are the pre-colonial; colonial; and independent and post independent eras. Some of the policies pursued during each of the developmental eras contributed to promoting colonial exploitation and economic globalization, achieved through neoliberal economic strategies (such as resource exploitation, commercial agriculture and SAPs). These policies, however, have significantly impacted migration patterns in Ghana, contributing to the human trafficking and HIV/AIDS occurrence, particularly in the study area.

The first section of this chapter provides brief background information on Ghana, where the research was undertaken, as well as the specific area of the study, the Manya Krobo area. The second section of the chapter discusses how the development policy trajectory pursued at the national level from the colonial period to the present has influenced migration patterns in Ghana. The aim of this section is also to provide insight into how so-called development strategies (e.g. export-based agriculture, import substitution, structural adjustment programs-SAPs) based on colonial capitalism, and pro-growth measures created situations of marginalization and vulnerability conducive to the illegal trade in humans in Ghana. It also provides a broader context

within which to understand the high migration, human trafficking and HIV/AIDS situation in the Manya Krobo area.

## **2.1 Background of the Study Area**

### **2.1.1 Ghana**

The study was undertaken in Ghana, specifically in the Manya Krobo area (MKA), located in the Eastern region of Ghana. Ghana is located on the West coast of Africa; geographically, it lies between latitudes  $40^{\circ}$  and  $110^{\circ}$  North, and longitudes  $10^{\circ} 15'$  East and  $30^{\circ} 15'$  West, with a total area of 238,540 sq. km. It shares borders with Burkina Faso on the North, Cote d'Ivoire on the West, Togo on the East, and the Gulf of Guinea to the South (Awumbila et. al., 2008). The climate is tropically warm and humid, with the Northern section of the country experiencing hot and dry weather. Ghana has more than a hundred ethnic groups – each with its distinct dialect. English, however, remains Ghana's official language, a legacy handed down by its British colonizers. Ghana is divided into 10 administrative regions and 170 districts with Accra as the capital city. The population of Ghana currently stands at 24,658,823, which is more than triple the population of 6,726,815 at independence in 1957 (Ghana Population Census Report, 2010; GLSS5, 2008).

The country's economy is predominantly agriculture driven, employing about 60% of the workforce and accounting for 37% of the gross domestic product (GDP). Ghana is the second largest cocoa producing country in the world behind La Cote d'Ivoire. Ghana also exports significant quantities of commodities such as lumber, gold, timber, bauxite and manganese.<sup>14</sup> In

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<sup>14</sup> The Country Ghana: [http://www.ghanaweb.com/GhanaHomePage/country\\_information/](http://www.ghanaweb.com/GhanaHomePage/country_information/) downloaded on May 25, 2014.

2007, Ghana discovered oil in commercial quantities, and it is anticipated that in the near future, the country could evolve from an importer of crude oil to an exporter (Awumbila et. al., 2008).

On March 6<sup>th</sup> 1957, Ghana (formally known as the Gold Coast) gained independence from its British colonizers and was the first country in Sub-Saharan Africa (SSA) to achieve this status. The country has had a checkered history of both military and civilian rule since independence and is currently under a democratic dispensation (Awumbila et. al., 2008). Ghana's economy depends heavily on donor assistance and remittances from Ghanaians in the diaspora. This is reflected in the budgetary support that the country receives from developmental partners yearly. For instance, from 2003 to 2009, Ghana's development partners contributed approximately USD 2.8 billion to supplement Ghana's budget.<sup>15</sup> Similarly, incoming migrants' remittances in 2005 amounted to \$1.555 billion, constituting 16.8% of the GDP (Bank of Ghana, 2006 [as cited in Awumbila et. al., 2011a]).

Fig. 1: Map of Ghana with the Ten Regions



Source: [www.reachtheworld.org](http://www.reachtheworld.org).

■ Where Manya Krobo area is located in the Eastern region.

■ Volta Lake

<sup>15</sup> Multi-donor budget support in Ghana: Questions and answers.

[http://www.mofep.gov.gh/sites/default/files/docs/mdbs/Questions\\_and\\_Answers.pdf](http://www.mofep.gov.gh/sites/default/files/docs/mdbs/Questions_and_Answers.pdf) downloaded on May 25, 2014

### 2.1.2 Manya Krobo Area

Data for this study was collected specifically in the Manya Krobo area. The Manya Krobo area lies in the South-eastern part of the Eastern Region of Ghana. It is located 88 km north-east of Accra, the capital of Ghana, and has an estimated population of 161,338 (Ghana Population Census, 2010). Manya Krobo covers a total land area of about 2,520 sq. km and shares boundaries in the west with Asuogyaman district, in the east with Yilo Krobo district, northwest with Kwahu North and in the south west with Dangme West District.<sup>16</sup> Odumase is the district capital of the Lower Manya Krobo District, while Asesewa serves as the district capital of Upper Manya Krobo.

There are two Krobo groups – the Manya and Yilo Krobos. The capital town of Yilo Krobo is Somanya (Wilson, 2003). The Krobos are believed to have migrated from ‘*Samε*,’ located between Dahomey (now Benin) and Nigeria, specifically in Ogun State called Seme (Teyegaga, 1985:11). The Krobos were the first to inhabit the Krobo Mountain, also known as ‘*Kloyo*’ and arrived in the area sometime in the 14<sup>th</sup> century. They lived there for over 400 years before they were forced to leave the mountain in 1892 by the British. The Krobos constitute the largest group among the Dangme-speaking people and practice the patrilineal system of inheritance. The people of Manya Krobo are predominantly Christians – 76.4% of the population is Christian. The main economic activity of the Krobos is agriculture, employing about 80% of the workforce. However, incomes remain low while poverty is pervasive in the area.<sup>17</sup> The Krobo people are known for their elaborate celebration of the “*Ngmayem*” festival, which is organized annually. Literally, “*Ngmayem*” means ‘millet-eating’; it is celebrated to thank the gods for a good harvest. During the festival celebration, a day is set aside to visit the Krobo Mountains as a form of pilgrimage to their

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<sup>16</sup> Accessed from the Lower and Upper Manya Krobo District website on November 22, 2012 at: <http://www.lowermanya.ghanadistricts.gov.gh/>

<sup>17</sup> Lower Manya Krobo District Development Plan for the year 2010-2013.



ancestral home (Wilson, 2003). The Krobos are known for the production of quality beads and for this reason Krobo-Odumase is described as the “Cradle of Ghana’s beads.” The town was host to the first ever Ghana International Beads Festival. The first festival was held in October 2009 and the second in May 2010. The beads are used to adorn *dipo* initiates elaborately during the performance of the *dipo* custom for young girls. *Dipo* is a puberty rite performed for young girls to initiate them into adulthood (discussed more fully in chapter 7).

An overview of the Manya Krobo area would not be complete without mentioning the long history of colonial exploitation in the area and its impact on the socio-economic life of the people. In the 19<sup>th</sup> century, British colonizers introduced cash cropping (palm oil, and cocoa) for export into Asesewa, a town in the Manya Krobo area and its environs (e.g. Odometa, Awoweso Adome, and Akrsu), a situation, which continued through the 1970s and 1980s. Cash cropping brought in its wake the commercialization of land and a shift from subsistence farming to export agriculture. The consequence of colonial capitalism on the Manya Krobos was the emergence of landless labor and severe soil degradation due to the destruction of forest cover by activities of intense commercial agriculture (Amanor, 1994:52).

Prior to the exposure of the Krobo area to commercial agriculture, the people were engaged in subsistence agriculture involving the cultivation of local food staples such as maize, cassava, plantain, cocoyam and yam for the local market and domestic consumption. By the 19<sup>th</sup> century when the local economy was integrated into the world market (part of the economic globalization agenda), competition emerged, and control was established over the utilization of forest resources (p. 52). As a result, more powerful and influential towns and individuals gained authority over land and forest resources, which hitherto were communally owned (Amanor, 1994). According to Amanor (1994), the demand for raw materials and cash crops (i.e. palm oil) from the Manya

Krobo area to “service European industries” was high and, by the end of the 19<sup>th</sup> century, the Krobo area emerged as the main palm oil supplier. The palm oil produced in the area accounted for over 60 percent of palm oil exports from the then Gold Coast (Wolfson, 1953 [as cited in Amanor, 1994:47]). The location of the Krobo area, close to the Volta River (discussed later in this chapter), made transporting goods to the coast (where products were shipped to Europe) much easier and largely accounted for the success of the palm oil trade in the area (Amanor, 1994).

Agriculture in the Krobo area, which was defined by the export market, experienced severe crisis as glut hit the oil palm market in the early 1940’s. During this period, farmers whose livelihoods were affected by the glut shifted production to alternative crops including cocoa, coffee and rubber. However, with cocoa emerging as the most viable crop, its production spread rapidly across the forest area of the region (Amanor, 1994).

By the late 1940s, the Krobo area was faced with an agricultural crunch, resulting from problems associated with cash crop production among which were: cocoa swollen shoot disease, depletion of virgin forestlands, soil erosion, and environmental degradation. The area is currently characterized by sporadic patches of grass and secondary growth lands; with sections made up of a mixture of good and bad cocoa and oil palm farms (Amanor, 1997:47). Decline in cash cropping, a rise in the commoditization of land, soil and environmental degradation and the total neglect of the area (in terms of development) led to mass outmigration of both landless cocoa farmers as well as youth to neighboring cocoa producing towns and communities in the Akwapim Scarp, Brong Ahafo, Western and Central regions of Ghana, where most of them worked as laborers for landowners or became heavily entangled with debt (Amanor, 1994:52). There was also rural to urban migration of “large landowners into the professional, bureaucratic and commercial sectors and of the rural poor into the laboring sectors” (ibid). Struggles with daily life, characterized by

harsh economic conditions in urban ghettos, exposed rural labor migrants to situations that made them vulnerable to HIV/AIDS infection and the exploitation of human traffickers (McMichael, 2008).

A distinct feature of the Manya Krobo area is its unique topography. This had implications for the kinds of development strategies pursued, which in turn affected migration, human trafficking and the spread of HIV/AIDS in the area. The largest man-made lake (the Volta Lake) in the world (by surface area) runs through the region. It covers 8,502 square kilometers (or 3,283 sq. miles) of land, representing 4% of Ghana's total land area (Moxon, 1984). Two hydroelectric power plants, the Akosombo and Kpong dams, (see Appendix A) have been built on the Volta Lake, which provides the major power needs of Ghana. The construction of the Akosombo dam flooded part of the Volta River basin leading to the subsequent formation of the Volta Lake. The lake flooded about 20% of Manya Krobo lands when the Akosombo dam was constructed in early 1960's (Amanor, 1994:52). Following independence, the Ghanaian government, as a way of promoting economic growth through industrialization, initiated the Akosombo hydroelectric project as a development strategy. In addition to generating electricity, the dam project was expected to stimulate local production of aluminum to feed the industrial needs of the country. The dam project thus became the central point of Ghana's development agenda.<sup>18</sup> The establishment of the dams brought some social and economic benefits to the community and Ghana in general. The Akosombo and Kpong dams generate electricity to support industrialization; they are a source for irrigation, fishing and aquaculture, inland transportation and tourism in the study area.

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<sup>18</sup> Daley, Ben (2014), The Centre for Development, Environment and Policy (CeDEP) and SOAS. Accessed from [http://www.soas.ac.uk/cedep-demos/000\\_P501\\_USD\\_K3736-Demo/unit1/page\\_18.htm](http://www.soas.ac.uk/cedep-demos/000_P501_USD_K3736-Demo/unit1/page_18.htm), on October 26, 2015.

However, the hydroelectric projects, which were means of achieving development and economic growth, have also been associated with a range of social and environmental problems confronting the community (Gyau-Boakye, 2001:17-29; Smithson et. al., 2008:672). For instance, the dam projects resulted in the displacement and resettlement of over 87,000 people (Girmay, 2006:14). The overall impact of the displacements on the Krobos was pronounced and included the loss of their main economic activities (i.e. fishing and agriculture), “habitats, community stability, and social values.”<sup>19</sup> Similarly, the construction of the two dams has had its related effects on the environment and health conditions of the Manya Krobos. A general decline in agricultural productivity has been observed and the flooded land, which evolved from the Volta Lake, created ideal conditions for water-borne diseases such as river blindness (Onchocerciasis), and bilharzia (Schistosomiasis) which are common in the area (Girmay, 2006:35-40; Gyau-Boakye, 2001:17-29; Smithson et.al., 2008:672). The dam projects, on the whole, benefited urban dwellers and capitalist investors who were attracted to the area because of its closeness to a water body (i.e. the Volta Lake) and power source favorable for the establishment of businesses. For example, commercial irrigated rice farms were set up in Akuse (a town in the Manya Krobo area) by private investors using water from the Volta Lake. However, a majority of communities affected by the dam projects were not connected to the national grid until recently (Girmay, 2006:29). The exposure of the Manya Krobos to capitalist development through colonial resource exploitation, commercial agriculture, construction of hydroelectric dams in the area and SAPs, are some of the factors, which, explain the marginalization of the people (Lund and Agyei-Mensah, 2008; Sauvé et al, 2002).

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<sup>19</sup> Daley, Ben (2014), The Centre for Development, Environment and Policy (CeDEP) and SOAS. Accessed from [http://www.soas.ac.uk/cedep-demos/000\\_P501\\_USD\\_K3736-Demo/unit1/page\\_18.htm](http://www.soas.ac.uk/cedep-demos/000_P501_USD_K3736-Demo/unit1/page_18.htm), on October 26, 2015.

A detailed topographic map of the Manya Krobo District in Ghana. The district is highlighted in yellow. The map shows the district's location relative to surrounding districts: Abefiti to the north, Afram to the northeast, Abono to the east, Abompe to the south, and Abokroso to the southwest. The map also shows the district's proximity to Lake Volta. A red arrow points to the district's location on a small inset map of Ghana. The map includes labels for districts like Abefiti, Afram, Abono, Abompe, and Abokroso, as well as Lake Volta. A scale bar indicates distances in kilometers.

Source : Maphil, <http://www.maphill.com/ghana/eastern/begoro/maps/savanna-style-map/>

Specific development policies were pursued in the four historical developmental phases - pre-colonial, colonial, independent and post-independent eras of Ghana. Examining these phases helps to highlight how the continuous pursuit of neoliberal development policies aimed at promoting colonial exploitation and economic globalization significantly impacted migration patterns in Ghana, contributing to human trafficking and HIV/AIDS occurrence, particularly in the study area.

Well before its first contact with European capitalists, population movement was a way of life in Ghana and the rest of West Africa. Ghana's migration history could be described as dynamic and complex; and as typical of most African countries, present day migration trends are linked to past historical experiences. From the pre-colonial era to independence and post-independence eras,

Ghana has witnessed a migration “turnaround” from a country of immigration to one of emigration due to worsening political and economic conditions (Peil, 1974 [as cited in Black et. al., 2003]).

Much of the migration which occurred in the pre-colonial era was within the confines of the country, involving groups and individuals of different ethnicities moving into more economically viable areas in search of food, shelter, fertile land for farming, and a place of refuge particularly during periods of war (Manuh, 2005:26; Wyllie, 1977; Boahen 1975 [as cited in Awumbila et. al., 2008]). What is now regarded as cross-border migration occurred over wide areas in the pre-colonial epoch - restricted only by inter-ethnic conflicts and fear of slave raids. According to Manuh (2005:27), the distinction between population movements within and across countries is blurred by several factors. For instance, migration between countries sharing similar historical, social and ethnocultural ties took place on a regular basis between Ghana and neighboring West African countries (Bump, 2006; Manuh, 2005:27). Bump (2006) observed that the high influx of migrants from Côte d'Ivoire, Togo, and Burkina Faso could be explained, not only based on the fact that these countries share common borders with Ghana, but also on the basis of ethnic affiliations. By the same token, Nigeria’s common colonial links with reference to language and governance undergird the historical movements of migrants between Ghana and Nigeria.

Population movements on the West African sub-region were dominated mainly by “explorers, missionaries, laborers, traders, fisherman, and nomadic farmers.”<sup>20</sup> These interregional movements were facilitated by the trans-Saharan trade routes linking the region to other parts of Africa. West Africa in particular was regarded by migrants as an economic hub through which

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<sup>20</sup> Bump, Micah (2006), <http://www.migrationpolicy.org/article/ghana-searching-opportunities-home-and-abroad>. Posted on March 1, 2006 and accessed on June 14, 2014.

labor, goods and services moved freely. This phase of migration during the pre-colonial era is referred to as a “period of minimal emigration” (Anarfi et. al., 2003:6).

Migration in the pre-colonial era was very much unrestricted as there were no artificial boundaries dividing communities and setting them apart. During this period, people lived in “isolated self-contained” communities - secluded by the lack of transportation for commuting and, as a means of safeguard from invasion and captivity into slavery (Kimble, 1963:125). Communities were largely self-sufficient, bound together by kinship ties and a tightly knit sense of connection and kinship. The unit of social organization evolved around a family compound house, subsistence agriculture and a political authority. Political patterns characteristic of West Africa were small autonomous local communities, “dispersed tribal communities” or the “archaic state system” (Forde, 1953 [as cited in Kimble, 1963:125]). Dispersed tribal communities were often found in vast stretches of local communities without any form of organized or central political authority, but people were linked to each other through traditional kinship ties. In contrast, the “archaic state system” was politically centralized and subject to the authority of the traditional ruler. The closely-knit organization of these communities did not encourage mass migration of people, although movement was largely unrestricted. The integration and isolation of people during the pre-colonial period was progressively broken down by colonialism, as the foreign administration disrupted the traditional social patterns of organization and seasonal movements and replaced with commercial agriculture and slave trade.

### **2.2.2 Colonial Era**

The arrival of Europeans to the Gold Coast (now Ghana) in the 15<sup>th</sup> century dislocated traditional arrangements of trade and altered the migration patterns in the Gold Coast. The Portuguese were the first Europeans to arrive in the Gold coast in 1482. The Portuguese named

the place (then territories) Gold Coast because of the abundance of gold in the territories. The Portuguese were trading in gold, ivory, and pepper and by 1482, their business had expanded so much that they built the first castle named “Sao Jorge da Mina” (later renamed Elmina Castle) on the West coast of present day Ghana. The Portuguese built the Elmina castle to serve as a trading post and also to protect Portuguese trade from other European competitors; the castle still stands at Elmina in the Central Region of Ghana. The Portuguese remained the sole European traders in the Gold Coast for over a century as they used force to thwart the efforts of other European competitors (English, French, and Flemish) from trading in the Gold Coast. By 1598, the Portuguese lost their sole dominance in the Gold Coast, when the Dutch arrived and began trading there. In 1612, the Dutch built two forts at Komenda and Kormantsi and in 1637, they captured Elmina Castle while Fort St. Anthony in Axim was also annexed from the Portuguese (McLaughlin and Owusu-Ansah, 1994).

The English, Danes, and Swedes joined the capitalist expansionist schema in the Gold Coast by the mid-17th century. Between the 15<sup>th</sup> and 17<sup>th</sup> centuries, the Dutch, British, and Danish built more than 30 forts located along the coastline of the Gold Coast. The Dutch and the Swedes exited the Gold Coast much earlier than the Danes who remained until 1850. By the mid-19<sup>th</sup> century, the British gained total control over all the forts of the contending European colonialists, thus making them the dominant colonial power in the Gold Coast. The British, upon assuming power, instituted some policy changes in the Gold Coast. These changes transformed the economy from expansionist warfare, gold exporting, and slave importing to a slave-exporting economy (Rodney, 1973). The trade in humans in the Gold Coast grew steadily from its inception in the 15th century to its pinnacle in the 18th century. With the introduction of plantations in Europe and the Americas during the 1500s, coupled with the insatiable market and the generous proceeds made



from the slave trade, the demand for slaves steadily increased and overtook gold as the primary export in the Gold Coast (McLaughlin and Owusu-Ansah, 1994:9).

Approximately 12 million Africans were transported across the Atlantic to Europe and the Americas to work on farms and plantations from 1450 to 1850 (Bump, 2006). Of that 12 million, West Africans constituted approximately 6.3 million. Estimates show that about 5,000 slaves were shipped out of Ghana, Benin and Togo (then known as the coastal regions) in any given year. (Bump, 2006).

Nonetheless, some scholars assert that the colonial dispensation provided a basis for both internal migration and emigration into the Gold Coast albeit at a minimal level (Anarfi et. al., 2003; Awumbila et. al., 2011a), owing to the huge demands for labor on plantations, on cocoa farms and in mines. The British colonizers' introduction of cash cropping (as implemented in Manya Krobo) and the systematic alignment of the economy towards cash crop export created an enormous demand for labor over and above the local supply (Manuh, 2005:27). The gap in supply of labor resulted in the pursuit of organized labor recruitment programs. For instance, in Francophone West Africa, the colonizers pursued fierce implementation of "compulsory recruitment, contract and forced labor legislation" (Manuh, 2005:27). The legislation was aimed at acquiring cheap labor from other colonies to augment the shortfall in labor in the Gold Coast. These labor recruitment policies also sparked mass internal and cross- border migration of labor, particularly unskilled male migrants needed for construction work especially in the areas of infrastructure development (Railways and road networks) and on gold mines and cocoa farms in the southern part of the Gold Coast (Amin, 1974 [as cited in Manuh, 2005:27]; Awumbila et. al., 2011a:7-8). The development and expansion of gold mines and commercial agriculture also attracted male migrants from other

British colonies (Gambia, Sierra Leone, and Nigeria) as well as the French colonies (Upper Volta now Burkina Faso, Benin, Togo, Mali and d'Ivoire).

With time, forced migration, as a result of the forced labor recruitment legislation, gave way to voluntary migration. Individuals and families in search of better livelihood opportunities, thus, sought employment on the Cocoa farms, plantations and groundnut fields in Ghana and other West African countries such as Cote d'Ivoire, Senegal and The Gambia (Manuh, 2005:27). This was a "period of initial or net immigration" (Awumbila et. al., 2011b:3). The development policies of the colonial administrators in the form of agricultural expansion for export, construction of efficient transportation networks, slave trade and forced labor recruitment policies, all inspired migratory configurations in the Gold Coast. According to Manuh (2005:28), colonial rule changed both the "causes and nature of migration" and provided an additional impetus for the relationships between "internal and international migration." However, some scholars (McLaughlin and Owusu-Ansah, 1994) have challenged the assertion that colonial rulers were the first to introduce slave trade to the Gold Coast with the purpose of exporting them to the international slave market. McLaughlin and Owusu-Ansah (1994:11), argue that slavery and slave trade were already firmly ingrained in many African societies before the arrival of Europeans. These scholars argue that in most cases, prior to first contact with Europeans, people captured during internal warfare became slaves to their captors. McLaughlin and Owusu-Ansah (1994), nevertheless, acknowledged that slavery in Africa was rather different from that which existed on the plantations of the New World economies, as the supply of slaves were exclusively controlled by African leaders. In general, slaves in African societies were often accepted as members of the community with definite rights. Many of these warfare slaves were eventually absorbed into and became part of the families of their masters. McLaughlin and Owusu-Ansah (1994) further stressed that the traditional methods

employed in agricultural production in Africa, could not have allowed slavery to occur in Africa as it existed on the commercial plantation in Europe and the Americas.

The era of British administration in the Gold Coast, particularly those of Governor Gordon Guggisberg (1919-1927), constituted a period of momentous progress in socio-economic development. This period witnessed massive expansion in communication and transportation networks and educational infrastructure. Revenue accrued from exports of the colony's natural resources (such as gold, coffee, timber and cocoa) was used to finance new development projects as well as expand infrastructure and social amenities. For instance, the development of educational systems in the Gold Coast was said to be far ahead of any other West African Colony (McLaughlin and Owusu-Ansah, 1994:21-22). Thus by 1945, the Gold Coast colony was the wealthiest and its people the most educated among all the territories in West Africa (Hallett, 1970:341). The relative economic prosperity enjoyed by the Gold Coast during the late 19<sup>th</sup> and early 20<sup>th</sup> centuries made the Gold Coast a desired destination for migrants from neighboring West African countries (Anarfi, 1982). The advancement in education in the Gold Coast, however, produced a new class of educated elites who annexed the spirit of nationalism and agitated for independence. Soon a strong sense of national consciousness swept across the Gold Coast and propelled ex-servicemen, traders and urban workers to lend massive support for the ambitions of the minority educated elite.

In sum, the migration dynamics witnessed during the colonial era, ranging from forced labor, rural-rural migration, rural-urban migration, and subsequently cross-border migration, emerged largely, as a result of the expansionist agenda and the economic development policies implemented by the colonizers (Manuh, 2005). Policies such as slavery, forced labor conscriptions, cash cropping for export and exploitation of natural resources, ultimately induced migration both internally and internationally. Most of the international migration was, however, not voluntary.

### 2.2.3 The Independence Era

On March 6, 1957, Ghana attained independence from Britain under the leadership of its first president, Dr. Kwame Nkrumah. President Nkrumah embarked on an aggressive development agenda focusing on industrialization, expansion of transportation networks (rail, road, air and sea), and commercial agriculture. Other programs included free universal primary education and a foreign policy geared towards the promotion of Pan-Africanism (Brydon, 1985:569). The continuous relative peace and prosperity experienced in Ghana after independence attracted migrants from other African countries. On 1 July 1960, Ghana became a republic, when Nkrumah won the first presidential election after independence.

Ghana's peaceful environment and comparative economic stability during the early post-independence years, coupled with Nkrumah's Pan-Africanist ideology, which encouraged liberal migration policies, made Ghana the desired emigration destination (Awumbila et. al., 2008:7). At that point in time, Ghana experienced net immigration as the inflow of migrants exceeded the number emigrating from the country (Anarfi, 2003). However, by 1965, Nkrumah's unbridled development expenditure and financial support to leaders of other African countries struggling to attain independence did not go without cost to his government. The heavy fiscal drain resulting from Nkrumah's development policies and Pan-African exploits (e.g. costly infrastructure development, financial support for African leaders struggling to attain independence) created new sources of opposition, which led to his overthrow in a military coup in 1966. The National Liberation Council (NLC), made up of four army officers and four police officers, assumed office (McLaughlin, 1994:37). The 1969 elections saw Dr. Kofi Busia of the Progressive Party (PP), an off-shoot of Nkrumah's party (the Convention People's Party-CPP), taking over political control

of the country. Dr. Busia became the Prime Minister in 1970 while Chief Justice Edward William Akuffo Addo became the President.

The country's socio-economic difficulties took a turn for the worse under Busia's regime. Saddled with high foreign and domestic debts, rising unemployment, high inflation and crime, Busia had to take some drastic measures to keep the country's balance of payment deficit and unemployment rate in check. Busia's government inherited a foreign debt of US\$580 million, incurred by Kwame Nkrumah. By 1971, the foreign debts had accrued an interest of US\$72 million and US\$296 million in short-term commercial credits (McLaughlin and Owusu-Anasah, 1994:40). In 1969, the Busia government enacted the Aliens Compliance Order, which decreed that all immigrants living in Ghana without proper documentation should acquire it or they would be expelled within two weeks. The most affected by the expulsion order were immigrants from Nigeria, Togo, Burkina Faso, Benin, Niger, Mali and Cote d'Ivoire (Awumbila et. al., 2011a:10; Manuh, 2005:30). While exact statistics do not exist, an estimated 155,000 to 213,000 immigrants were forcefully expelled from Ghana (Bump, 2006). Using immigrants as scapegoats for Ghana's deteriorating economic situation had adverse consequences on the economy. Some scholars (Brydon 1985: 564) argue that immigrants took away investment capital, thereby impacting trading activities in the country. The harsh economic conditions propelled migration of Ghanaians both within and across international borders. As evident in this, study (discussed in chapters 5 and 6) migrants often become vulnerable to situations such as poverty, unemployment and lack of shelter, which, in turn, exposed them to human trafficking and HIV/AIDS infection.

A little over two years (27 months) into his term of office, Busia's government fell victim to yet another coup d'état on January 13, 1972 - the second coup Ghana had witnessed within a period of 6 years after Nkrumah's exit. Some political commentators have argued that,

notwithstanding its short existence, Busia's government (second Republic of Ghana) was significant in that it brought into sharp focus the development challenges facing the country (McLaughlin and Owusu-Anasah, 1994:42). Unequal distribution of resources, undue favor towards certain ethnic groups and regions, and development priorities were all issues that emerged after Busia's overthrow. General Ignatius Kutu Acheampong's National Redemption Council (NRC), which took over from Busia on January 13, 1972, was forced to resign in July 1978 by the Supreme Military Council (SMC) officers, as a result of continuous pressure to find a solution to the country's economic predicament. Acheampong was replaced by Lieutenant General Fredrick W. K. Akuffo, who ruled Ghana until June 1979 when he was toppled through yet another military coup by a group of junior officers led by Flight Lieutenant Jerry John Rawlings on June 4, 1979 (McLaughlin and Owusu-Ansah, 1994:46). Acheampong's policy of repudiation of Ghana's foreign debts, the nationalization of all foreign-owned organizations; and food sufficiency pursued under the "operation feed-yourself program,"<sup>21</sup> while widely acclaimed by Ghanaians, did little to reverse the country's ailing economy. For McLaughlin and Owusu-Ansah (1994:43), these measures rather compounded the "problem of capital flow."

From 1965 through to 1983, Ghana faced an economic downturn of unprecedented magnitude. This situation was attributed to bad economic policies pursued by successive governments; succession of failed civilian and military regimes; and the discontinuation of development policies by new governments especially in the 1970's (Addo, 1981). As a result of the deteriorating conditions, Ghanaians embraced migration as a coping mechanism and an

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<sup>21</sup> An agricultural campaign program aimed at national self-sufficiency in food supplies and also to reduce dependency on food imports.

alternative to the persistent socio-economic dilemmas that plagued the country (Awumbila et. al., 2011a:11; Awumbila et. al., 2011b:4; Manuh, 2005:10).

It is important to note that colonialism and attainment of independence ushered in a consolidation of national boundaries (Manuh, 2005:29), thereby restricting cross-border migration. To assert their authority and fulfill election promises of controlling unemployment and preserve scarce resources for nationals, governments of newly independent countries enacted strict migration laws to hinder labor migration (e.g. Ghana's Aliens Compliance Order, 1969). However, restrictive border regulations fostered clandestine migration (Manuh, 2005:29) and criminal networks.

#### **2.2.4 Post-Independence Era**

The worsening economic conditions confronting Ghana resulted in the coup d'état led by Flight Lieutenant Jerry John Rawlings (mentioned above), which, ushered in the Peoples National Defence Council (PNDC). Rawlings governed Ghana under military rule for six years (1982-87). In 1985, due to pressure both from within Ghana and from the international community for constitutional rule, Rawlings formed the National Democratic Congress (NDC) Party. He was inaugurated as civilian president of the fourth republic on January 7, 1993, and again in 1997, after winning two consecutive elections. The magnitude of Ghana's economic crises at the time was enormous - made worse by wild bush fires that destroyed vast stretches of farmland and caused food shortages in 1983–1984. The problem was further compounded by over one million returning Ghanaians who had been expelled from Nigeria in 1983 (McLaughlin and Owusu-Ansah, 1994:52). At the end of its first year in power, the Provincial National Defence Council (PNDC), heeding to advice from the International Monetary Fund (IMF) and the World Bank, adopted some

economic austerity measures to save the country's administrative machinery from grinding to a halt.

For this reason, Structural Adjustment Policies (SAPs) were pursued under a general Economic Recovery Program (ERP) in Ghana. Introduced in 1983, SAPs entailed macroeconomic stabilization, trade liberalization, public sector reforms (downsizing), privatization, removal of subsidies on agricultural inputs, and social services, devaluation of local currency and high tax regime (Sowa, 2002:6; Azeem and Adamtey, 2004:9). While the initial years of SAPs in Ghana was characterized by considerable growth in the economy, there were also striking negative impacts. The economy was marked by high inflation, shrinking formal sector employment, mounting foreign and domestic debts and declining government investments in vital public sector institutions, (such as health and education), and mass migration (Azeem and Adamtey, 2004).

The IMF prescribed development programs for Ghana under SAPs (e.g. mass infrastructural development and cash cropping for export), involved substantial borrowing over the years; this resulted in Ghana's astronomical debt burden. Ghana's "debt service ratio" soared from 3.7% of total exported goods in 1977 to 45% in 1987 (Kimberly, 2005). Similarly, Sowah (2002) observed that by the year 2000, the total domestic debt of Ghana stood at about 9.1 trillion Cedis with an accrued interest of "more than a third of the national recurrent expenditure." which was also far greater than expenditures on development projects in Ghana (p. 7). The balance of payment deficit worsened with disastrous consequences on the country's foreign exchange market. The Ghana cedi experienced drastic depreciation against major foreign currencies such as the U.S dollar, French franc, British pound sterling and the European Euro. For instance, the value of the cedi dropped by more than 120,000% over a period of 6 years (i.e. from ₵2.75 against US\$ 1 in 1983 to ₵3,400 against US\$ 1 in 1999 (Kimberly, 2005). It is common knowledge that depreciation



is often associated with higher cost of imports and, since Ghana is heavily dependent on imports for its essential products, the continuous fall of the cedi put a strain on the country's limited resources. The impact was even more severe on businesses producing for local domestic markets (Sowa, 2002:7) and those engaged in wholesale trading, as they needed more Ghana Cedis in exchange for foreign currency in order to transact business. Consequently, inflation went rocket high to 123% in 1983 (Kimberly, 2005), and the already deplorable conditions of living in the country worsened.

The Adjustment period also saw considerable cuts in both government and private sector employment. SAPs required governments of poor countries to cut down on their wage bill by downsizing public sector employment to ensure "efficiency." The retrenchment policy pursued by the Ghanaian government affected an estimated 200,000 public sector employees between 1983 and 1992. The private sector was not spared the rage of the downscaling exercise - between 1987 and 1995 over 48,000 private sector workers lost their jobs (Kimberly, 2005). Although the job rationalization policy achieved its aim of streamlining formal sector employment by 10%, the ripple effects on unemployment and poverty levels were unimaginable (Sowa, 2002; Kimberly, 2005).

While the job rationalization policy led to drastic cuts in both public and private sector employment, trade liberalization, another policy introduced under SAPs, rendered most Ghanaian companies uncompetitive, resulting in more downsizing of workers. Trade liberalization (or free trade, open market) promotes free flow of traded goods and the removal of import and export tariffs, a situation that has encouraged dumping of cheap products from developed countries onto the Ghanaian market, thus making it difficult for manufacturing firms and local farmers to compete. In Ghana today, the once vibrant textile industry is virtually on the verge of collapse. Of

the over 20 textile companies operating in Ghana in the early 1960's only four remain currently operational (BharatTextile.com). Two of the textile companies located in Akosombo and Juapong, respectively, are close to the study area and serve as major sources of employment for the people of the Manya Krobo area. The Akosombo Textile Company Limited (ATL) had a workforce of 5,000 but now employs only 1,500 (Ghana Review International, August 8, 2009)<sup>22</sup>. The fate of the 1,500 employees hangs on a balance, as the company has been threatening to lay off 1000 more workers (Ghana Business Guide, December 6, 2011).<sup>23</sup> Juapong Textile Company Limited (JTL), on the other hand, could not survive the turbulence in the textile industry and was shut down in 2005, rendering over 1400 workers jobless. It was, however, revamped and re-opened under new management in 2008.

Commenting on the deteriorating conditions of the textile industry in Ghana, the Secretary-General of the Ghana Trades Union Congress (TUC), Mr. Kwasi Adu-Amankwah, blamed the problem on “what he called the government’s unbridled free trade policy” (BharatTextile.com)<sup>24</sup>. Similarly, the General Secretary of the Textile, Garment and Leather Workers’ Union (TEGLEU), Mr. Abraham Koomson, in an interview with the *Ghanaian Business Guide Newspaper* on the retrenchment of workers of ATL, explained that the ailing textile sector in Ghana is a result of the flooding of the Ghanaian market with “cheap imports, particularly from China” (Business Guide newspaper, December 6, 2011).<sup>25</sup> Another key feature of SAPs is privatization or diversification

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<sup>22</sup> “Ghanaians urged to salvage the local textiles industry”. Ghana review international, August 8, 2009. Accessed on November 12, 2012 at:

<http://www.ghanareview.com/Restyle/index2.php?offset=1720&class=BEF&id=34483&date=2009-08-08>).

<sup>23</sup> “Textile companies layoff worker”. Ghana Business Guide Newspaper, December 6, 2011. Accessed on November 12, 2012 at: <http://www.businessguideghana.com/?p=5060>.

<sup>24</sup> “Ghana: Free trade policy affecting textile sector”. BharatTextile.com:

<http://www.bharattextile.com/newsitems/2003840 posted May 3>, 2007, accessed November 12, 2012.

<sup>25</sup> “Ghanaians urged to salvage the local textiles industry”. Ghana review international, August 8, 2009. Accessed on November 12, 2012 at:

<http://www.ghanareview.com/Restyle/index2.php?offset=1720&class=BEF&id=34483&date=2009-08-08>).

of the state-owned enterprises (SOEs) of adjusting countries. The aim was to reform SOEs to operate as commercial entities and to ensure efficiency through competition, downsizing of workers, financial discipline, and autonomy from state government interference (Adda, 1996). A total of 324 SOEs were diversified just within a decade (1989-1998) of the implementation of the divestiture program in Ghana (Adda, 1996; Appiah-Kubi, 2001), including the Asutsuare Sugar Factory, located close to the Manya Krobo area. Obviously, the privatization of SOEs led to retrenchment and redeployment of workers, both affecting the unemployment rate in the country, as well as the economic situation of Ghanaian workers and their families.

Other indicators of the impact of SAPs point to a severe deterioration in the health sector. Cutbacks in government spending on health resulted in the collapse of healthcare infrastructure, shortage of drugs, and a massive brain drain of healthcare professionals such as doctors and nurses (Sowa 2002:19). Ghana lost 60% of its medical doctors in the 1980s to other countries with an estimated 600 to 700 Ghanaian physicians practicing in the United States of America (U.S.A) alone. This figure represented about 50% of the total population of doctors in Ghana as of 1980.<sup>26</sup> The introduction of the hospital user fee policy (known as cash and carry) in July 1985, as part of the reform of the health sector, brought about a significant drop in outpatient attendance in some rural parts of Ghana. Reports from the Ghana Statistical Service (1995) on poverty patterns in Ghana between 1988-1992, for example, indicated that about 48% of all sick Ghanaians did not seek any medical attention from any healthcare provider. There were instances where patients were detained in hospitals for their inability to pay for the cost of treatment (Sowa, 2002:20).

As with health, the education sector also experienced drastic reforms during the structural adjustment period. There were withdrawals of subsidies and cost recovery measures under the

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<sup>26</sup> Brain Drain in Africa: Facts and Figures. From <http://www.aracorporation.org/files/factsandfigures.pdf>. Accessed May 27, 2015.

education reform program. Book-user fees were introduced from primary to secondary levels of education. At the tertiary level, facility user fees were initiated, while subsidies on food, books and other facilities were withdrawn. Parents, in addition to paying astronomical school fees, were required to pay all kinds of levies including charges for the construction of classrooms and workshops (Sowa, 2002:20). The idea behind the removal of subsidies on education was to ensure prudence and efficiency in the educational sector. However, this was not the case, as quality was compromised and poor children were compelled to drop out of school (Kimberly, 2005).

The gender implication of SAPs has been well documented. Government social sector spending cutbacks have had the tendency to increase women's care work, as well as female labor force participation (Elson, 1995). Women's familial, domestic roles often make them more dependent on social services; therefore, when healthcare is not affordable, women's burden of taking care of their sick family members increases (Jaggar, 2002). As a result, women's ability to generate independent income is reduced, due to more "binding time limitations" (Haddad et. al., 1995:883). At the same time, when a male member of a family loses a public sector job, female labor force participation (particularly in the more intensive manufacturing for export sectors) may rise. Haddad et al. (1995:883), assert that while women's participation in the labor force may put a strain on their time, on the other hand, it could lead to an increase in their earning power. Financial independence means women can contribute more to household income, which in turn may impact on their decision-making power in the home. Other scholars, nonetheless, argue that scaling back spending on social services plunges women into poverty (Jaggar, 2002; Elson, 1995) and makes them vulnerable to exploitation through human trafficking.

Clearly, the neo-liberal development policies (SAPs) introduced in Ghana led to a general deterioration of the economy and an unprecedented impoverishment of the people. Green (1988),

observed an overall rise in poverty levels in Ghana during the Adjustment period. The number of urban people living below the poverty line according to Green (1988), increased from between 30% and 35% in the late 1970s to an average of 45% - 50% in the mid-1980s. Worse trends were identified in rural areas where poverty levels rose from between 60% - 65% in the late 1970s to a range of 67% - 72% in the mid-1980s (Green, 1988). Moreover, the economy was in such a bad state that basic necessities such as food, detergents and fuel were in short supply (Anarfi, Kwankye et. al., 2003). The economic turmoil experienced in Ghana in the 1980s also fuelled large-scale migration of Ghanaians to big cities within Ghana and neighboring countries (Azeem and Adamtey, 2004:13; Anarfi, Kwankye et. al., 2003:7).

Nigeria was the main receiving country of Ghanaian migrants; about 300 Ghanaians emigrated to Nigeria per day in the early 1980's (Anarfi, 1982), while it was estimated that between 500,000 and 800,000 Ghanaians moved to la Côte d'Ivoire in 1986 (Anarfi, Awusabo-Asare et al., 2000). Sowa (2002:5) noted that more Ghanaian doctors were found in Saudi Arabia than in the capital of Ghana, Accra. The rate of migration was a worrying situation as the total population of Ghana, according to the 1990 population census, was a little over 15 million. Generally, the focus of SAPs in Ghana was more on stabilizing the macro economy (Sowa, 2002) and promoting the economic globalization agenda than on poverty reduction (Sowa, 2002). Therefore, most of the policies were targeted at achieving efficiency and not on initiating and strengthening programs to improve the welfare of the people.

The adverse consequences of SAPs attracted heavy criticisms from Ghanaians. For instance, the SAPs were blamed for Ghana's high foreign debts, as well as the tremendous economic hardships on vulnerable groups such as the poor, women, children, and retrenched workers (Azeem and Adamtey, 2004:17). To ameliorate the negative impact of SAPs, the World

Bank and IMF initiated the Program of Action to Mitigate the Social Costs of Adjustment (PAMSCAD). This program was introduced in Ghana by the PNDC regime in 1986 to reduce undue suffering and poverty on sections of the population.

Like the policies (SAPs and PAMSCAD) pursued under the PNDC/NDC regime, those of successive governments: from the New Patriotic Party-NPP (2000-2008) to the National Democratic Congress-NDC (2008 to date), did not bring much improvement to the Ghanaian economy or the living conditions of the people. The development policies adopted under these dispensations (such as Ghana Poverty Reduction Strategies-GPRSP 1 and II; Highly Indebted Poor Countries Initiative – HIPC) only brought temporary relief as pro-growth development policies are largely unsustainable. The general economic situation in the country at the end of 2009 was still volatile but the problem was further deepened when the Ghana Statistical Service (GSS) declared in November 2010 that the country had achieved a middle-income status and had been elevated from its previous “poor country” ranking to a middle-income status. The GSS at the time announced that the government had revamped the economy, hence the size of the economy in terms of real gross domestic product (GDP) had reached GH¢44 billion (US\$30 billion) with a per capital income (PCI) of US\$1,225.<sup>27</sup> The World Bank, accordingly classified Ghana as a middle-income country on July 1, 2011, based on the GSS estimates of Ghana’s Gross National Income (GNI).

Ghana’s elevation from a poor country ranking to a middle-income status had some economic implications. On one hand, the rise in rank resulted in a boost in investments, business transactions, infrastructure and tourism in Ghana. On the other hand, the World Bank used the gross national per capital estimates to determine the country’s lending eligibility (Atta-Sakyi,

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<sup>27</sup> Atta Sakyi, Kwesi (2011). The Import of Middle Income Status for Ghana, Feature Article of Wednesday, 27 July 2011. Posted on GhanaWeb <http://www.ghanaweb.com/GhanaHomePage/features/artikel.php?ID=214836>. Accessed on June 30, 2014.

2011). It follows, therefore, that Ghana's new economic status (middle-income country) came with less financial support from its development partners. Since Ghana's budget relies heavily on donor support - about 40% (PEFA, 2009:35),<sup>28</sup> the consequence is evidenced by the current financial stress the economy of Ghana is experiencing.

The Ghanaian economy is currently in crisis with a total public debt standing at GH¢ 76.1 billion or 67.1 percent of GDP.<sup>29</sup> The Ghanaian cedi is also depreciating at an alarming rate as inflation peaked at 16.9% as of May 2015 (GSS, 2015),<sup>30</sup> one of the worst rates in Ghana's recent history. In August 2014, at the pinnacle of its economic crisis, Ghana turned to the IMF for economic bailout. On April 3, 2015, the IMF approved an amount of about US\$918 million under a three-year Extended Credit Facility (ECF) arrangement to support Ghana's medium-term economic reform program.

The announcement by the GSS that Ghana had attained a middle-income status stimulated heated debates among some economic policy think tanks (IMANI Ghana), Government ministers and United Nations representatives in Ghana (such as Ms. Ruby Sardon-Rojon, UN Resident Coordinator) on the true economic standing of Ghana. Ms. Sardon-Rojon called the GSS declaration a "statistical hypothesis,"<sup>31</sup> arguing that Ghana is still striving to meet the Millennium Development Goals (MDGs), a program outlined by the United Nations to aid development in the world's poorest countries by improving their socio-economic conditions. While IMANI Ghana

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<sup>28</sup> Republic of Ghana Public Expenditure and Financial Accountability – PEFA, 2009. Public Financial Management Performance Assessment Report Volume I: Central Government. [http://www.mofep.gov.gh/sites/default/files/reports/Ghana\\_PEFA%202009\\_Report\\_volume\\_1.pdf](http://www.mofep.gov.gh/sites/default/files/reports/Ghana_PEFA%202009_Report_volume_1.pdf). Accessed July 20, 2012.

<sup>29</sup> Ghanaian Daily Graphic, Thursday, 19 February 2015. <http://graphic.com.gh/news/general-news/38911-ghana-s-domestic-debt-now-gh-34-6-billion-bog.html>. Accessed July, 14, 2015.

<sup>30</sup> Ghana Statistical Service. From <http://www.statsghana.gov.gh/>. Accessed June 18, 2015.

<sup>31</sup> Enquirer, Monday April 4, 2011, Page 7, from [http://www.statsghana.gov.gh/docfiles/news/middle\\_income\\_status\\_is\\_just\\_statistical\\_hypothesis.pdf](http://www.statsghana.gov.gh/docfiles/news/middle_income_status_is_just_statistical_hypothesis.pdf). Accessed on June 30, 2014.

challenged the validity of the data used by the GSS to merit such a generalization of middle-income status, others (Atta-Sakyi, 2011) maintain that, as much as it is gratifying to have a high per capita income, the statistical index has little meaning when wealth is concentrated in the hands of only a few people and is not having a positive impact on the lives of ordinary Ghanaians. Income inequality has widened considerably between the poorest and the richest quintile in Ghana (Osei-Assibey, 2014:4). While the average income of the poorest Ghanaian dropped from 6.9% in the early 1990s to 5.2% in the mid-2000s, the richest incomes rose from 44% to 48% over the same period (Osei-Assibey, 2014:4).

The fundamental principles underlying SAPs (i.e. efficiency and economic growth, free-markets, export agriculture) indicates that SAPs were not so much about improving the socioeconomic conditions in developing countries as promised by the World Bank and the IMF. Rather, it was meant to foster an enabling environment for foreign investment and exploitation of resources in developing countries; sustain the interests of the capitalist system where investment, trade and capital can be moved across international frontiers without any hindrance from state governments; and adjusting the structures of developing countries in order to be aligned with the new global economic system.

The recent phase of migration in Ghana, which began in the mid-1980s, is termed “diasporization” (Anarfi et. al., 2003:8). The ways in which globalization interconnects the world through the rapid movement of capital, people, goods, and “ideas enable the creation of transnational spaces and diasporic cultures” (Bhatia, 2007:2). Globalization is therefore linked to the present wave of “diasporization” (Cohen, 1997; Bhat and Narayan, 2010) due to its intensification of the time-space distantiation in the socio-economic life of people across the world. According to Peil (1995), about one-tenth of the Ghanaian population now lives abroad: in North



America, Europe, Asia, Australia and elsewhere in Africa. Van Hear (1998) describes Ghana as one of the ten countries that have produced a “new diaspora” in recent times. Ghanaians are now found in every country of the world and they form a critical mass in the social, economic and political development of Ghana. In destination countries, Ghanaians have organized themselves into immigrant associations to ensure their survival and also to assist with new entrants’ integration processes (Owusu, 2000; Orozo and Rouse, 2007). Some scholars have observed that these “diasporic associations” are important grounds for asserting cultural identity and mobilizing resources for development activities in their countries of origin (Awumbila et. al., 2008:14; Manuh, 2005:46).

Recognizing the important role of Ghanaians in the diaspora as critical partners of development, the government of Ghana is exploring strategies to attract its nationals’ home to contribute to national progress. This includes the homecoming summit organized for Ghanaians from the diaspora in Accra in 2001. The diaspora homecoming event culminated in the establishment of the Diaspora Support Unit (DSU) in August 2012, which was transformed into the Diaspora Affairs Bureau (DAB) in February 2014. The purpose of the Diaspora Affairs Bureau is to “engage with Ghanaians resident abroad to effectively participate in national development,” as well as to streamline their contributions into Ghana’s national development agenda.<sup>32</sup>

## 2.3 Chapter Summary

What this chapter has sought to do is to put the current research project in context by presenting a brief background of Ghana as an African nation state and the Manya Krobo area, as

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<sup>32</sup> Ghanaian Diaspora and National Development. Rabat Process, Euro-African Dialogue on Migration and Development: <http://processusderabat.net/web/index.php/news-and-events/ghanaian-diaspora-and-national-development>. Accessed January 19, 2015.

research site. By providing an overview of development history and policies beginning prior to the colonial era through to the post-independence period, the chapter summaries how local histories, colonial and national policies have influenced migratory patterns in Ghana. Ghana has had a checkered history of military rule after independence, particularly during the early 1970's, which metamorphosed into a democratic state in 1992. Typical of most developing countries, Ghana adopted a number of approaches in its trajectory to advancement. Among these strategies are Economic Recovery Programs (ERP), which was implemented through Structural Adjustment Programs (SAPs), the Program of Action to Mitigate the Social Costs of Adjustment (PAMSCAD) and recently, the Highly Indebted Poor Countries Initiative (HIPC). The idea behind the pursuit of these policies was to promote economic growth and improve living conditions. Although some of the policies achieved desired results, the impact was short-lived as the ensuing consequences were dire. Those consequences have included widespread poverty, unemployment, increased inflation rates, devaluation of the cedi (currency) and a general macroeconomic destabilization, which in turn has fuelled migration both within Ghana and across international borders.

Ghana's migration record pre-dates colonial times. However, the type, volume and direction of migration in Ghana have been closely related to complex historical, political, and economic experiences. Colonial rule not only created artificial boundaries (which were further consolidated at independence), dividing hitherto socially homogenous groups into separate states; colonial policies also brought about harsh economic conditions, ecological degradation and landlessness, which, in turn, generated a pool of labor migrants (Manuh, 2005:25). Much of the migration within Ghana prior to colonialism was local in nature and involved the movement of people from one ethnic region into another in search of security during periods of war, and of fertile land for farming (Boahen, 1975).

Colonial and post-colonial economic development policies also contributed greatly to shaping new migration dynamics. Colonial policies such as forced labor conscriptions and cash cropping spurred both internal and international migration, initiating a period of uneven population movement. Nonetheless, post-independence political instability and harsh economic recovery policies associated with economic globalization resulted in pervasive poverty and deplorable economic conditions, fuelling mass migration within Ghana and across international borders. (Manuh, 2005:26). Labor migrants in their desperation for survival become vulnerable to exploitation and trafficking. Manuh (2005) aptly describes the trade in humans, especially in women and children, as “the dark side of the migratory phenomenon.” Anarfi et al. (2003) also observe that the post-independence period is characterized by phases of high-scale migration and diasporization of Ghanaians.

While some scholars (Awumbila et al., 2011a:65) assert that migration can be beneficial to countries of origin through the knowledge, expertise, skills, material, and financial resources migrants channel back into their home countries, it is also evident from this study and other literature sources (Thomas et. al., 2010; Bohl, 2010; Chuang, 2006; Kropiwnicki, 2010) that migration, if not managed well, could lead to situations of exploitation such as human trafficking, as well as the spread of HIV/AIDS.

Chapter three reviews the literature on migration, human trafficking and HIV/AIDS. It also discusses the international framework guiding the definition of human trafficking and explains the theory underpinning this study.

## **CHAPTER 3**

### **LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

#### **3.0 Introduction**

This chapter reviews the literature on migration, human trafficking and HIV/AIDS. The chapter also traces the polarized and contested debates preceding the definition and the passage of the UN human trafficking protocol (2000), as well as providing an overview of Ghana's human trafficking policy. The UN protocol (2000) is the international legislation on human trafficking. Thus, a study on human trafficking would not be complete without addressing the protocol. The protocol is given prominence in this chapter because the study relies on the definition of the protocol throughout the research process to operationalize a shared understanding of human trafficking and to put the study in context.

The discussion of the protocol is intended to highlight the core issues that were considered in its dissemination in order to better appreciate the problems emerging from the protocol such as overemphasis on protection of trafficked persons, and prosecution of perpetrators at the expense of dealing with the root causes of human trafficking, as well as the limited attention paid to provision of rehabilitation and reintegration services for trafficked persons. A section of the chapter is also devoted to explaining U.S human trafficking policy in view of the hegemonic role the U.S assumes in ensuring that other countries comply with its policy positions on human trafficking (Trafficking Victims Protection Act - TVPA, 2000), through annual country assessments and the unilateral sanctions that come with non-compliance. The sanction regime arguably places the U.S in a more powerful and controlling position over other countries, particularly developing countries – the very kind of inequitable situation that facilitates the illegal

trade in humans. Finally, the chapter discusses the theoretical framework guiding the study and provides reasons for choosing the theoretical approach.

### **3.1 Overview of Migration, Human Trafficking and HIV/AIDS**

Migration and human trafficking, although they are distinct processes, have several relevant points of intersection. The profound economic struggles, particularly in developing countries, caused by poverty, war, Western imperialism, heavy international debt burden and economic adjustments (Elabor-Idemudia, 2003), have turned migration into an alternative livelihood strategy, creating fertile grounds for traffickers and devious employment intermediaries (Narang and Wiesen 2007). The economic predicaments confronting the developing world, especially countries in sub-Saharan Africa, have been closely associated with global restructuring and the move towards economic globalization (Hoque, 2010). Economic globalization has created a network of inter-dependency among the world's peoples at an unprecedented scale, widening inequalities between the global North and South (Jordan, 2004). For Polakoff (2007), as a result, economic globalization has created a form of "global apartheid" and a corresponding rise of new populations' characterized by poverty, unemployment, homelessness, and social exclusion.

The consequence of this global economic configuration is the creation of disadvantaged people in poorer countries who are compelled to move internally within their countries of origin or externally to richer countries in Europe and North America to seek better livelihood opportunities. However, in the wake of stringent labor migration laws and visa restrictions for unrecognized migrants, illegal migration across international borders has become attractive, with traffickers preying on innocent targets of trafficking (Jordan, 2004; ILO, 2005b). Once trafficked, whether internally or internationally, trafficked persons are often subjected to exploitative conditions that include sexual abuse, forced prostitution and labor exploitation, through which they

are exposed to sexually transmitted diseases such as HIV/AIDS. Migration, human trafficking and HIV/AIDS, therefore, occur in the context of rising inequality between the industrialized countries of the global North and developing countries of the South, fueling unequal distribution of resources within and among these countries (Jordan, 2004; Elabor-Idemudia, 2003).

Migration and human trafficking are sometimes differentiated from each other with the view that migration is by choice or consent while trafficking involves elements of coercion, deception and violence (Samarasinghe, 2008). The line between the two is, however, fluid. It is thus difficult to distinguish between voluntary and forced movement as most victims of trafficking are migrant workers who voluntarily leave their country with expectations of finding well-paying jobs abroad (Bastia, 2006), only to be confronted with forced labor under exploitative conditions in sweatshops, domestic service, sex work and debt bondage (Narang and Wiesen, 2007; Okojie, 2009; Popli, 2008). The issue of consent in defining human trafficking is, therefore, immaterial. For instance, Anderson and Rogaly (2005) argue that since the smuggling of migrants and human trafficking are both processes, the concept of consent poses a difficulty since individuals may voluntarily enter the process but later find themselves in captivity with their freedom restricted. On the other hand, they may be coerced into embracing the process, but continue willingly. The interconnectedness of labor migration and human trafficking has been documented by researchers in the social science domain. Luda) 2003 [as cited in Okojie, 2009]) blames the increasing spate of human trafficking on the burgeoning involvement of criminal networks who exploit the desire of unrecognized laborers to migrate. Cameron and Newman (2008) quote Dr. Radhikaa, UN Special Rapporteur on Violence against Women, who describes traffickers as “fishing in the stream of migration.”

Over the past decade, human trafficking has widely been viewed as a criminal justice issue yet the subject of human trafficking has attracted little attention in criminal justice and criminology literature (Zhilina, 2011). A scientific approach to understating the crime of human trafficking through a criminology framework would be a logical step towards explaining why people engage in the crime of human trafficking as well as delve into ways of effectively addressing the phenomenon (p. 2). Recent studies although few, (Van den Hoven and Maree, 2005) have attempted to explain trafficking in women and girls for involuntary prostitution using criminology models. Victimology and constitutive theories are some of the criminology paradigms that are currently in use for exploring why people engage in the transnational crime of human trafficking. The victimology framework, proffers that “victim” innocence, precipitation and provocation are the three main factors, which creates vulnerability of women and girls to human trafficking especially for forced prostitution (Van den Hoven and Maree, 2005:61-65). By unknowingly or innocently interacting with criminals or by walking in secluded and dark places alone some individuals could be perceived as fomenting their own victimization. This explanation is, however, weak as it puts the blame on the victim for being trafficked. Furthermore, some women and girls could be susceptible to victimization for sexual exploitation when perceived, as exhibiting certain features or behaviors (e.g. beautiful or attractive, carefree or careless) that criminals deem as provocative (p. 61). Van den Hoven and Maree, (2005:66) observed that repeat victimization (i.e. where victims of crime have been victimized by the same or different perpetrator over a period of time ) could lead to a cycle of violence where former trafficked persons replicate the process by recruiting vulnerable targets of trafficking into forced prostitution. The constitutive criminology theory on the other hand, asserts that power and inequality in society create “socially constructed differences through which harm is imposed on subordinated group” (Thozama and Lanier

2012:561). Constitutive criminologists describe criminals as “excessive investors” in crime who would adopt any strategy deemed necessary to achieve a desired goal – most often the goal is to cause a victim to experience pain, loss or “denied humanity” (Lanier and Henry, 2004:323 in [Thozama and Lanier 2012:561:562). Constitutive criminology also identifies the rapid interconnectedness of the world through trade, immigration, intra- and international travels and tourism as factors contributing to the increasing sexual exploitation of women and girls through human trafficking (ibid).

As with any socio-economic process, human trafficking is highly gendered. The overwhelming majority of trafficked persons are women and girls. Gender inequalities rooted in structural oppression and marginalization of women (such as gender-based discrimination, gender-based violence and household division of labor) shape the conditions that promote women’s vulnerability to trafficking, (Lee, 2007; Popli, 2008; Williams and Masika, 2002; Okojie, 2009). Thomas et al. (2010), for example, revealed that forced marriages and the inability of women to own property drove a majority of women from mostly the Kisii, Luo and Luhya communities in Kenya to migrate to work on tea plantations in the Kericho district in Kenya.

Some scholars, nonetheless (Bastia, 2006; Feingold, 2005; ILO, 2005a), problematize the over representation of women and children in human trafficking discourses. Bastia (2006:26), asserts that the notion that trafficking is undertaken mainly for sex work makes it plausible to associate women with trafficking. However, since trafficking transcends the boundaries of the sex trade and extends into areas such as agriculture, construction, mining, sugarcane and cocoa plantations, and fishing – sectors employing predominantly male migrants who also work under exploitative conditions, make the establishment of this claim tricky. It is, therefore, imperative for studies on trafficking to focus on all sectors of the economy to enable conclusive assertions on the



gendered impacts of trafficking. This argument notwithstanding, the fact that women are the primary caregivers to children and extended family members makes them more desperate in ensuring provision for their families and may contribute to their greater vulnerability to trafficking.

### **3.2 Internal Migration, Human Trafficking and HIV/AIDS in Ghana**

Ghana has had its share of the global phenomena of labor migration and human trafficking. Although the literature on labor migration and human trafficking focuses primarily on the international dimension, occurrences in Ghana indicate a preponderance of internal labor migration and trafficking (Anarfi 1993, Castaldo et.al., 2012:10-13). Emerging evidence from extant studies also suggest a link between internal labor migration, human trafficking and HIV/AIDS in Ghana (Anyogyedem, 2003 [as cited in Mohammed and Apusigah, 2005]).

Thus, Ghana's population is characterized by high migratory movements. By 2005, internal migratory figures had reached an estimated 3,300,003, while international migration was recorded at 1,669,300 (Anarfi and Kwankye, 2009). Ackah and Medvedev (2010:4), observe that more than 80 percent of population movements in Ghana are internal, and 70 percent of these internal migrants move to urban areas. A Ghanaian household is, therefore, more likely to produce an internal rather than an international migrant (Wouterse, 2010:3). A range of socio-economic factors influences internal migration in Ghana. Rapid population growth rates in Ghana within the last three decades have produced an abundant supply of labor in excess of domestic demand, consequently putting pressure on available farmlands, particularly in areas such as the Upper East Region of Ghana where the mainstay is farming (Abdulai 1999 [as cited in Anarfi and Kwankye et al., 2003:15]).

Urban biased development policies (such as cheap food and policies mostly intended to protect urban industries and workers), undermine agriculture - thus reducing the real incomes of

rural dwellers, threatening food security, and fuelling rural-urban migration (Anarfi and Kwankye et al., 2003:17). Uneven development and distribution of basic infrastructure between rural and urban settings in the areas of education, health, and road networks, as well as greater support for industries, also serves to create push factors for rural-urban population movements (Tumasi-Ankrah, 1995). The disparities in infrastructural development, which are legacies of colonialism, still exist even after more than five decades of Ghana's independence (p.16). The unequal distribution of resources and the general lack of opportunities in many rural communities help to explain (IOM, 2011:38; Tumasi-Ankrah, 1995:16) the skewed migration drift.

Likewise, poverty, unemployment, and globalization play a significant role in the emerging child migrant phenomenon within Ghana. For instance, this study observed that lack of livelihood options and poverty compel most parents in the Manya Krobo area to migrate to major cities in the country (such as Accra, Kumasi, Tema and Takoradi) in search of jobs, while leaving their children behind. Lacking the necessary care and support, most of the children move to localities (e.g. fishing landing sites and busy market places) where they engage in menial jobs such as head porter (i.e. carrying people's stuff on their head for a fee), truck pushing and in some cases prostitution, to survive. Children who migrate to big towns or cities to work often end up on the streets (Anarfi and Kwankye et al., 2003) where they are confronted with all forms of social vices, including rape, use of hard drugs (including intravenous drugs), and are also exposed to the prying eyes of child traffickers. These conditions make child labor migrants vulnerable to HIV and other sexually transmitted infections (STI). Some poor parents also give their children to wealthy relatives or friends in big cities to foster, with some children ending up as child laborers or targets for human trafficking (Okojie, 2009). Globalization, on the other hand, facilitates informal networking, contacts and easy movements from one place to the other through advancement in

information communication technology (ICT) and transportation systems (Agger, 2004; U.S State Department Report, 2005:18), thus making it easy for traffickers to contact and move targets for trafficking from one location to the other.

Moreover, some scholarly studies (IOM, 2008; Kropiwnicki, 2010) have documented the significant role migrants and mobile populations in general play in the spread of HIV. The largely seasonal or temporary character of migration, with migrants returning home to their families on a regular basis, makes the virus easily diffusible (Anarfi, 1993). Recent studies in Ghana report on how internal migrants are increasingly contributing to the spread of HIV/AIDS in the country. For example, communities along Ghana's borders (e.g. Navrongo and Bawku in the Upper East region of Ghana) and those noted as sending destinations (such as Eastern Region where the study area is located), as well as, those known for attracting migrant workers and tourists (such as Cape Coast and Obuasi), all report high incidences of sexually transmitted infections (STIs) and HIV/AIDS (Anyogyedem 2003 [as cited in Mohammed and Apusigah, 2005]).

It is also common to see females from rural communities, specifically in northern and some parts of the Eastern region of Ghana, migrating to urban centers (such as Accra, Kumasi and Ashiaman) to work in "chop bars,"<sup>33</sup> drinking bars and as head porters." Over 30,000 women and children are believed to be working as head porters in Accra, the capital city of Ghana, alone (U.S State Department Report, 2009). These women and children often end up living on the streets or in slums where they become vulnerable to sexual exploitation and human trafficking. A raid by INTERPOL and Ghana law enforcement officers in May 2011 led to the removal of 55 women and 65 young girls from 5 brothels out of an estimated 125 brothels operating in the capital city (Accra) of Ghana (U.S. State Department report, 2011). Lamenting the internal human trafficking

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<sup>33</sup> Food joints where local Ghanaian dishes are sold.

situation in Ghana, then Minister for Women and Children Affairs (MOWAC) now known as Ministry of Gender, Children and Social Protection (MGCSP), stated that internal human trafficking in Ghana was widespread, “standing at 69.8 percent while that of cross border trafficking is 30.2 percent” (GNA August 2012).

Similarly, a possible relationship between human trafficking and HIV/AIDS in Africa is well documented in the literature. For instance, in an assessment of human trafficking in Musina, South Africa, Kropiwnicki (2010), found sexual and reproductive health problems and sexually transmitted infections (STIs), including HIV, emerging as risk factors associated with trafficked persons and irregular migrants. In Olujuwon’s (2008) view, the consequences of human trafficking goes beyond depriving a nation of its valuable human resources and involves unwanted pregnancy, maternal mortality, sexually transmitted diseases and HIV/AIDS, especially among women and children.

### **3.3 HIV/AIDS in the Context of Africa**

To better comprehend the spread of HIV/AIDS in Ghana and the study area, in particular, it is important to provide an insight into the larger picture of Africa as a whole. Since the first incidence of HIV/AIDS was reported 25 years ago, it has remained one of the greatest health and development challenges confronting the world. Although significant advances have been made in medical science for the treatment of AIDS and extensive studies to understand the consequences of HIV infection have led to a significant decrease in infection rate and AIDS-related deaths, the disease continues to have devastating effects, particularly in Africa. By far, sub-Saharan Africa (SSA) bears the brunt of the AIDS epidemic. By the end of 2010, 34 million people were living with HIV/AIDS globally of which 22.9 million were located in SSA. An estimated 1.9 million people were newly infected with the disease while it claimed the lives of 1.2 million people (WHO

and UNICEF, 2011). Data sources and literature on HIV/AIDS report that HIV prevalence is highest among the sexually active and economically productive age group of 15-49 years (UNAIDS, 2010; Cerullo and Hammonds, 1988:20; Yeboah, 2007:1129-1130).

Conversely, Negin and Cumming (2010) assert that HIV infection do not exclusively affect people aged 15-49 years, as 3 million of all people living with HIV/AIDS in 2007 were 50 years and above. These scholars argue that studies on HIV in sub-Saharan Africa have totally overlooked the incidence of HIV in older people and its effect on their lives. Negin and Cumming (2010), therefore, concluded that the high HIV infection rate and AIDS-related mortality among older adults in developing countries makes it imperative to tailor HIV/AIDS “responses, prevention, care and support programs” to meet the needs of older people (Negin and Cumming, 2010). A number of factors explain the high incidence of the disease in Africa; these include poverty, unemployment, war, illiteracy, cultural norms and harsh international economic policies (Yeboah, 1997; Collins and Rau, 2000; McMichael, 2008; Ehrenreich and Hochschild, 2003).

The HIV/AIDS profile of Ghana mirrors that of the larger African picture in terms of its demographics and how it spreads. The total population of Ghana is approximately 25 million. In 2013 an estimated 224,488 persons lived with HIV/AIDS in Ghana; children accounted for 34,557 (15%), with 7,812 new infections (MoH, 2012). The National AIDS Campaign Program (NACP) records indicate that AIDS related deaths in Ghana increased significantly during the years between 1994 to 1999. In 1994, a total of 7,000 persons between the age group of 15 - 49 died from AIDS-related diseases. By 1999, the number of deaths increased to over 20,000 persons, and it was projected that more than 1 million people could lose their lives from AIDS-related causes in Ghana by the year 2014 (NACP, 2001). The current (2013) annual reported HIV/AIDS- related death rate stands at 10,074, far below the estimated one million mark. The existing figures suggest

that in relation to other countries in the sub-region, Ghana has performed creditably well in containing the virus in most parts of the country. However, given the concentration of the disease in the Manya Krobo area, these nationalized figures can be misleading.

Unequal gender relations, gender violence, unemployment and poverty were identified as some of the factors contributing to the spread of HIV/AIDS in Ghana (Anarfi, 1993; Anarfi, 2003; Akumetey and Darkwah, 2009).

Sections of the literature on development and HIV/AIDS describe the proliferation of the disease in Africa as a sign of “maldevelopment” which signifies the failure to create a more equitable and just society (Collins and Rau, 2000; Cohen, 2000; Qamar, 2003; Alubo, 1990). Until recently, HIV/AIDS was largely considered a medical and health issue. Nonetheless, extant studies indicate that the global HIV/AIDS epidemic has “long exceeded” being a health challenge to becoming a grave threat to human development (Collins and Rau, 2000; ICAD, 2006). Hence, attempts have been made to redefine the disease as a “development issue.” Collins and Rau (2000) argue that understanding the HIV/AIDS epidemic within a context of development is the only way through which effective preventive programs can be tailored towards reducing the disease and its impact. Proponents of HIV/AIDS as a development issue view the narrow conceptualization of both the causes and effects of HIV/AIDS as preventing intervention programs and strategies from focusing on the social and economic context within which people live (Collins and Rau, 2000; Cohen, 2000).

In Collins and Rau’s (2000) view, the socio-economic development situation of different countries is relevant in explaining the spread of HIV infection, as the level of development impacts on the ability of countries to respond to the epidemic. At the same time, efforts to improve the “development performance” of countries could by themselves either exacerbate or improve

responses to the epidemic (Cohen, 2000). In his study, comparing the human development index (HDI) of selected countries and their HIV/AIDS prevalence, Decosas (1996) observed a strong relationship between a country's development status and HIV prevalence. Decosas (1996) therefore concluded that the drastic variance in HIV prevalence between developed countries and sub-Saharan African nations could not be explained by differences in sexual behavior patterns alone, but also by factors rooted in an "uneven or dysfunctional social development."

Scholars who comment on the uneven development (or inequality) contexts of the spread of HIV often cite poverty as an aggravating factor. Poverty is perceived as a key factor leading to "risky" behaviors predisposing people to increased threat of HIV infection (Simmons et al., 1996:53; Cohen, 2000). Nonetheless, the relationship between poverty and HIV transmission is not that simple. While there is no doubt that most people infected with HIV/AIDS are poor (World Bank, 1997:28), it is also true that many wealthy people are also infected and impacted by the disease. However, those with higher incomes are better able to manage the disease because they can afford better treatment; hence, its impact on these two groups (the poor and wealthy) may be significantly different. Furthermore, the World Bank, 2001:6 [as cited in Yeboah, 2007:1141] asserts that there is an "Africanization of poverty" in a global perspective. Poverty figures released by the World Bank in 2008 revealed that 1.29 billion people lived in extreme poverty (below \$1.25 a day), 396 million of whom lived in Sub-Saharan (Africa SSA).<sup>34</sup> The reality of extreme poverty in sub-Saharan Africa, therefore, appears to be an underlying factor in the spread of HIV/AIDS (Yeboah, 2007) as abject poverty creates situations of vulnerability to infectious diseases on many fronts.

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<sup>34</sup> Accessed at the World Bank website on October 8, 2012 at <http://web.worldbank.org>

In terms of the impact of HIV/AIDS on development in SSA, some pundits assert that the disease has decelerated economic growth and reversed social and economic progress in many of the countries worst affected by the epidemic (Qamar, 2003; Cohen, 2000; Isaksen, et al., 2002:24-30; ICAD, 2006). AIDS-related morbidity and mortality largely affect people in their most prolific years, impacting the “human and institutional capacities of entire societies” (ICAD, 2006; Quatar, 2003). For instance, the International Labor Organization (ILO, 2004b:16-25) states that of the 17 countries currently lacking access to HIV/AIDS treatment (16 of which are in Africa, plus Haiti), five will lose over 20% of their labor force. Furthermore, the Food and Agriculture Organization (FAO) estimate that about 20% or more agricultural workers will be lost to AIDS by 2020 in most countries in Southern Africa.

Since the first HIV incidence was reported about two and a half decades ago, significant advances have been made in medical science for the prevention and treatment of the disease. The milestones achieved in medical sciences may, however, not be sufficient in stemming the HIV/AIDS epidemic if they are not complemented with practical interventions to address the broader socio-economic factors facilitating the spread of the disease, especially on the African continent. Future generations could be spared the debilitating impact of HIV/AIDS if global actors could make and commit to better choices such as, further scientific research and bridging the inequality between the global south and north (ICAD, 2006:2).

The restructuring of national economies, particularly those of developing countries (through economic restructuring policies including SAPs) intended to expedite the integration of these countries into the new capitalist development model (economic globalization), have been mentioned in recent studies (Seidel, 1993; Masanjala, 2007:1039; Cheru, 2002) as contributing to the HIV epidemic in SSA. According to Yeboah (2007:1141-2) SAPs have limited the ability of



African governments to provide affordable social services such as health care and education, which have been substituted with cost recovery programs. Not only are African governments constrained in providing quality and affordable healthcare, they have also lost large numbers of professional health workers (brain drain) to the West due to deteriorating conditions of service. In 2003 alone, South Africa lost 5880 healthcare workers, Zimbabwe 2825, Nigeria 1510, and 850 from Ghana (Eastwood et al. 2005 [as cited in Yeboah, 2007]).

Another implication of SAPs for HIV/AIDS on the African continent is the limited capacity of governments to produce or procure drugs for treating people living with HIV/AIDS, due to heavy external debt burdens. Health budgets are scanty as most countries in the sub-region depend on international aid, which is increasingly becoming inadequate. Craddock (2004) links the lack of motivation by pharmaceutical companies to produce HIV vaccines for poor countries, to their financial situation. In the same line of argument, Yeboah (2007) explains that Africa, the region to benefit most from the vaccines, is least resourced to purchase them and therefore, the least able to add to the profit margins of the pharmaceutical companies leading to the lack of incentive to produce for the African market. SAPs, thus, have serious implications for the spread of HIV/AIDS in SSA.

### **3.4 Socio-Economic Determinants of HIV/AIDS**

Among other factors mentioned in the literature as facilitating the high incidence of HIV/AIDS, particularly in SSA, are cultural norms, social constructions of gender, and poverty. Some specific cultural practices and beliefs have been associated with the spread of HIV in Africa. The preference for sex without the use of a condom, what Yeboah (2007) refers to as “skin-to-skin sex (SOS)” and the belief in some parts of South Africa that the gang raping of young girls is a cure for HIV/AIDS have been noted (Marshland et. al., 2000). The high value placed on

procreation within marriage in some African cultures contributes to the explosive spread of the virus in the region (Yeboah 2007:1141; Akumetey and Darkwah, 2009). Other factors documented in the popular literature include polygamy; multiple sexual partners; acceptance of male promiscuity; widow inheritance and sex as a taboo subject (Akumetey and Darkwah, 2009; Seidel, 1997; WHO, 2003). Although these factors remain significant in the explosion of HIV/AIDS on the African continent, recent studies suggest that cultural practices, beliefs, and attitudes towards sex and HIV/AIDS may be changing. For example, Zulu and Chepnego (2004) have noted the open discussions about sex and HIV/AIDS between parents and children and the use of condoms among married couples, especially in Malawi.

A number of studies have examined the role of gender power relations and its association with the phenomenal spread of HIV/AIDS in SSA. In an exploration of gender and HIV in Ghana, Akumetey and Darkwah (2009) concluded that unequal economic relations between men and women make women dependent on men for basic needs. Women are therefore, rendered powerless in negotiating for condom use with their spouses. Gender stereotypes (such as women are sex objects, masculinity means virility) expose women to domestic and sexual violence in their relationships with men (Akumetey and Darkwah 2009; Popli, 2008; WHO, 2003; Seidel; 1997; Barnighausen et. al., 2007:36) thus, preventing them from ensuring condom use. Clearly, women's empowerment is critical in the fight against HIV/AIDS on the African continent. Recent literature suggests that the gap in HIV prevalence rates among women and men is narrowing (WHO, 2003).

Although evidence on this matter is incomplete, some reasons have been given for the narrowing gap in HIV/AIDS prevalence between men and women. Studies conducted during the early stages of the epidemic in the 1980s showed that women contracted HIV much more easily from unprotected sexual contact with a man than it was for a man who had an unprotected sexual

encounter with a woman. This is due to women's mucous membrane area, which is more exposed during penetrative sex. However, recent studies from Uganda showed no significant difference in the transmission rate between "male-to-female transmission and that of female-to-male" (WHO, 2003). What accounts for the narrowing in transmission rate is the existence of other forms of sexual acts different from penile-vaginal penetrative sex; thus, any partner at the receiving end is at a higher risk of HIV infection if sex takes place without protection. The World Health Organisation (WHO, 2003), observed that anal penetration, for instance, can happen either between "male-male" or "male-female" partners, thereby exposing the "recipient partner" to a great risk of HIV infection.

#### **3.4.1 Socio-Demographic Characteristics and HIV/AIDS Infection**

Discourse on the HIV/AIDS epidemic in SSA has highlighted the relationship between socio-demographic characteristics and HIV/AIDS infections. However, the rates vary from country to country and are apparent in the mixed empirical evidence produced in some studies across sub-Saharan Africa. For instance, Fortson (2008), referring to several studies (such as Over and Piot, 1993; Gregson et al., 2001), observed that HIV infection rates are much higher among the "highly educated and higher occupational classes." However, in a review of other studies (such as Glynn et al. 2004; de Walque, 2006), Fortson (2008), noted contrasting conclusions and found that Glynn et al's (2004) studies in a number of African countries (after controlling for age, sex, and place of residence) revealed a relationship between HIV infection and education in Kenya and Zambia. In Cameroon, while it was revealed that women with higher education were less likely to be infected with HIV/AIDS, the relationship for men was not "statistically significant." In Benin, their fourth study area, the relationship between education and HIV was negative for men, whereas for women it was not "statistically significant." On the other hand, de Walque's (2006) study,

using data from five African countries, concluded that HIV/AIDS infections were positively related with wealth and not education, after controlling for individual characteristics.

Using data from the Demographic and Health Survey from four African countries, (Lesotho, Malawi, Swaziland and Zimbabwe) Aseidu et al (2012) concluded that HIV status in these countries depended on gender, area of residence, marital status, age, education and household wealth. Notwithstanding the lack of consensus, Fortson (2008) asserts that the variance in the conclusions of these studies makes a strong case for more research into the link between HIV and socio-economic status. Available studies nonetheless document the recurring socio-demographic factors associated with HIV infections as sex, age, marital status, education, income, occupation, and rural-urban residence. Others are stigma, and children orphaned by HIV/AIDS (Fortson, 2008; Collins and Rau, 2000; Öjteg, 2009).

Analyzing the HIV/AIDS epidemic through a development lens, Collins and Rau (2000) argue that most HIV/AIDS intervention strategies and decisions have yielded limited success due to the “top-down” approach characterizing the interventions. Collins and Rau (2000) maintain that considering the gravity of the disease, particularly in Africa, the best way to achieve maximum impact is for HIV/AIDS prevention efforts to recognize the epidemic as a development issue and also to draw on the “experiences of local initiatives.” It is against this backdrop that the current study attempts to give a voice to PLWHA and draw on their lived experiences in seeking solutions to the soaring HIV/AIDS incidence in the Manya Krobo area.

The following section focuses on the UN human trafficking protocol (2000), the international legislation on human trafficking. The protocol provides a context within which human trafficking is conceptualized throughout this study’s research process.

### 3.5 UN Human Trafficking Protocol (2000)

This study would not be complete without referring to the UN human trafficking protocol (2000). The protocol offers an international definition of human trafficking - a point of reference for all human trafficking research and practices, as well as a guide for nations in drafting their domestic human trafficking policies. The debates preceding the ratification of the protocol also provide further insight into the relationship between migration, human trafficking and prostitution, which serve as a useful guide through the various stages (data collection, analysis, interpretation) of the present study. The centrality of the protocol to this research makes it imperative to review the literature on the protocol and its implementation challenges.

Human trafficking is reportedly the third largest form of organized crime behind illegal trafficking of drugs and guns (Kelly, 2005; Samarasinghe, 2003), which are often related. The exponential growth in the trade in humans in the last decade prompted the UN to reinforce existing legislation on human trafficking to arrest the situation, hence the promulgation of the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, which supplemented the United Nations Convention against Transnational Organised Crimes (UN trafficking protocol, 2000). The UN trafficking protocol defines human trafficking as follows:

“Trafficking in persons shall mean the recruitment, transportation, transfer, or harbouring or receipt of persons by means of threat or use of force or other form of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs” (UN Protocol, 2000, p. 2).

The definition of trafficking consists of three core elements:

1. The *act* of trafficking, which is the recruitment, transportation, transfer, harboring or receipt of persons.
2. The *means* of trafficking which includes the threat of or use of force, deception, coercion, abuse of power or position of vulnerability.
3. The *purpose* of trafficking, which is exploitation.

The UN protocol's definition of human trafficking was shaped by two opposing feminist perspectives. The camp to which the groups pitched depended on its views on prostitution. One of the groups (advocates for sex workers rights) is the human rights caucus (HRC), consisting of groups such as the Global Alliance against Trafficking in Women (GAATW) and the Network for Sex Workers Project (NSWP). The advocates for sex workers rights argue that prostitution needs to be recognized as legitimate work comparable to any form of occupation (Desyllas, 2007; Holsopple, 1999). The opposing abolitionist side consists of feminist NGOs such as the Coalition against Trafficking in Women (CATW), International Abolition Federation (IAF) and the Coalition against Trafficking in Women-Asia Pacific (CATW-AP). The abolitionists oppose the sex workers' rights perspective, based on their belief that prostitution fundamentally violates women's human rights, degrades female sexuality and is inherently exploitative. In the view of advocates for sex workers' rights, those against the legitimization of prostitution deny the fact that women have the right to sexual liberation, determination and voluntary prostitution (Bastia, 2006, Outshoorn, 2005; Chapkis, 2003). Thus, they classify all prostitutes as poor, helpless and passive "victims."

Pro-sex rights advocates endorse voluntary prostitution and detach all forms of stigma associated with sex work. For sex rights defenders, it is not the work *per se* that infringes on the human rights of women, but the "conditions of deceit, violence, debt-bondage, blackmail,

deprivation of freedom of movement, etc., in sex work, domestic labor, agricultural labor, factory work or in the commercial marriage market” (Jordan, 2002; Wijers and Van Doorninck, 2005 [as cited in Desyllas, 2007]). Exponents of this approach assert that sex workers who find themselves in abusive situations can be victims of trafficking, but not all transnational sex workers are victims of coerced prostitution or trafficking (Outshoorn, 2005, Doezema, 2005; Kempadoo, 2005).

In the view of abolitionists, prostitution is hardly a choice, as no woman would opt to engage in prostitution by their free will (Holsopple, 1999). Expanding further on this issue, Stee, as quoted by Holsopple, claims that “the difference that set prostituted women apart is seldom of choice or morality; they are simply differences of circumstances” (Stee, 1996 [as cited in Holsopple, 1999:47-48]). Holsopple (1999) maintain that the option between homelessness, abuse, starvation, and death or prostitution cannot be described as a choice. Responding to pro-sex proponents, who view prostitution as comparable to any other form of work, Holsopple (1999) quotes from (W.H.I.S.P.E.R. undated):

*“...Your job description consists of a combination of harassment, exploitation, and abuse at the hands of men or women who pay to penetrate you orally, anally, and vaginally with penises, fists, animals, bottles, guns, and garden hoses... Your job-related activities will be conducted in hotels, massage parlors, van, doorways, public bathrooms, crack houses, truck stops, executive suites, military bases, bars, stages, and glass booths... Your wages will be negotiated at every transaction, and you will be paid only when and if your customer comes... You will have no legal restitution for job hazards of sexually transmitted diseases, pregnancy, lacerations, broken bones, mutilation, dismemberment, or death...” (1999, p. 48).*

Given the above conditions of prostitutes, it is - of course - hard to compare it with other forms of labor. Anderson’s (2000) work on domestic labor is also useful in understanding the situation surrounding prostitution. Anderson’s analysis of the domestic worker as not selling her labor power but her personhood in an unequal exchange with her employer draws an analogy between domestic work and slavery (Anderson, 2000:2 [as cited in Aguilar and Lacsamana, 2004]).

Contrary to pro-sex work advocates, abolitionists view trafficking of migrant women as coerced and, therefore, perceive trafficking as caused by prostitution. To put an end to trafficking

in persons, according to abolitionists, is to abolish prostitution (Outshoorn, 2005). The abolitionists' stance on trafficking, which draws heavily from radical feminists' perspectives, informs most domestic policies on human trafficking (e.g. the U.S policy on trafficking) (Desyllas, 2007), and emphasize on the "victim" status of trafficked persons (Doezema, 2000; Williams and Masika, 2002).

The opposing feminists' debates on "women's agency" and women as "victims" of trafficking" culminated in the ratification of the UN trafficking protocol (2000). The Protocol took into consideration the divergent debates contributing to what some writers have referred to as the continuous confusion, controversy and ambiguity surrounding trafficking (Bastia, 2006; Desyllas, 2007) and the unending struggles to shape trafficking discussions and anti-trafficking actions. From an "agency" and "pro-sex" standpoint, the Protocol in effect marked an important departure from the abolitionist position by making a distinction between forced and voluntary prostitution (Doezema, 1998; Desyllas, 2007), while also connecting trafficking to multiple labor sites, thereby shifting attention from morality and female sexuality to dealing with conditions of work and crime (Ditmore and Wijers, 2003). At the same time, the Protocol also took the abolitionist paradigm into consideration by making provision for "the prostitution of others" or the abuse of "a position of vulnerability," which refers to "any situation in which the person involved has no real and acceptable alternative but to submit to the abuse involved" (Jordan, 2002). Doezema (1998) notes that criminalizing the "exploitation of the prostitution of others," rather than all forms of prostitution creates a problem of dichotomy between good and bad; and between the "guilty" and "innocent" migrant. Categorizing migrants in this way has the potential of distinguishing between "innocent victims" (forced and coerced, therefore meriting support; and punishment for the perpetrators) versus the consenting "whore" who, through her shameful conduct, deserves the



situation they may fall into (Doezema, 1998; Bindman and Doezema, 1997:6). In this case, proving innocence becomes the only underlying factor “separating the violated from the violator” (Chapkis, 2003) and who gets protection and who does not. Doing a critical analysis of this duality led feminists from the global south to critique the “gynocentric” ideas of western feminists. Western feminists have been accused of portraying forced sex workers as “victims” from developing countries implicated by the worsening economic conditions in their countries, while sex workers from the global north are represented as exercising agency in entering the sex industry. These contrasting representations position “poor bodies” (developing World women) as lacking agency, and as powerless and vulnerable “victims” needing intervention (Shah, 2004; Saunders, 2002:11; Aradau, 2004; Sen and Grown 1987).

The ambiguous language used in the human trafficking protocol and the absence of strong human rights stipulations allows for different interpretations of the Protocol by national governments (Desyllas, 2007). Countries have used varied definitions with regards to the “acts” (such as recruitment, harboring, and movement), “means,” and “purposes” of trafficking. There are also inconsistencies in data on sex trafficking. For example, the U.S. Trafficked Victims Protection Act (TVPA) considers the engagement of children under age 18 in commercial sex as an extreme form of trafficking. Some countries, however, define children as people under the age of 16 years (GAO Report, 2006:16). Similarly, the U.S. Trafficking in Persons (TIP) report adopts an interpretation of the human trafficking protocol that de-emphasizes “movement” as a condition for a case to constitute trafficking – meaning a trafficked person “needs not be physically transported from one location to another in order for the crime to fall within the ambit of the human trafficking definitions (U. S. Department of State, 2008 [cited in Laczko and Gozdzia, 2009:13]). These discrepancies have implications for how countries and researchers conceptualize human

trafficking. The International Labor Organization's (ILO and EU, 2009) operational indicators for human trafficking were introduced to clear some of the confusion surrounding the UN definition of human trafficking. The ILO and European Union (EU), through a Delphi survey<sup>35</sup> in 2008, adopted a set of 67 operational indicators, each describing one of the six dimensions or elements of human trafficking<sup>36</sup>. Each indicator is further classified into three: strong, medium and weak indicators. While a few strong indicators are considered sufficient for a situation to be identified as human trafficking, an accumulation of weak indicators can also yield the same outcome (ILO and EC, 2009:4) (see Appendix D for detailed list of indicators).

Overall, the Trafficking Protocol has been described as unsuccessful as it fails to offer concrete measures to protect trafficked persons from exploitation and violation of their rights. According to Jordan (2002), the protocol lacks protective measures because debates surrounding the enactment of the Protocol center on the “victims” or “agents” and “prostitutes” or “sex workers” divide, while consideration for protective measures (such as counselling, legal information, medical care, rehabilitation, integration, employment, training opportunities, and education) for trafficked persons receive little attention. The prioritization of the criminal justice as aspect of the human trafficking protocol over the human rights protection and welfare of trafficked persons is reflected in how the criminal justice and the human rights measures are couched in the protocol. Chuang (2006a) observed that while the criminal justice measures are couched as “hard obligations” for states the provisions on the human rights of trafficked persons are “framed in aspirational terms” (p. 148). Which means that with regards to the welfare of

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<sup>35</sup> A methodology used to reach a consensus by a wide group of experts on the indicators of human trafficking is called the Delphi method (ILO and EC, 2009:2).

<sup>36</sup> Deceptive recruitment; coercive recruitment; recruitment by abuse of vulnerability; exploitation conditions of work; coercion at destination; abuse of vulnerability at destination.

trafficked persons or prevention of human trafficking, states are to endeavor (i.e. not mandatory) where possible under their domestic laws to put in place measures, which will provide for the rehabilitation and reintegration of trafficked persons.

### **3.5.1 National Human Trafficking Legislations**

Since the passing into law of the UN human trafficking protocol (2000), most nations have domesticated the protocol into national human trafficking legislation. What follows is a brief review of the human trafficking policies of the United States (U.S) and Ghana. Attention is directed at these two national human trafficking policies particularly to highlight (1) the hegemonic role the U.S assumes in ensuring that other countries comply with its human trafficking policy - Trafficking Victims Protection Act (TVPA, 2000), through its annual country assessments and the unilateral sanctions that come with non-compliance (2) how these two nations facilitate the ambiguities embedded in the UN human trafficking protocol (2000); and (3) Ghana's trajectory in combating human trafficking and the challenges thereof. The U.S imposition of its human trafficking policy (TVPA, 2000) on other countries has obvious implications for unequal relationship, consistency within international law (i.e. the U.N Protocol, 2000) and anti-trafficking strategies (Chuang, 2006a).

### **3.5.2 The U.S Human Trafficking Policy**

A few weeks before the UN General Assembly adopted the human trafficking protocol (on October 6, 2000) the United States disseminated its domestic human trafficking legislation - Trafficking Victims Protection Act – TVPA, 2000. The TVPA describes human trafficking as “an evil requiring concerted and vigorous action by countries of origin, transit or destination” (TVPA, 2000 [as cited in Chuang, 2006b:439]). The aim of the TVPA (2000) is to prevent cross-border

trafficking, protect trafficked persons and punish traffickers. Reinforcing Block's (2004) observation, Desyllas (2007) maintains that although the U.S human trafficking policy claims to protect all trafficked persons, it nonetheless concentrates solely on trafficking of women and girls for "sexual exploitation," ignoring men and other sites of human rights violations.

The TVPA (2000) transcends the borders of the U.S to affect anti-trafficking policies abroad, including that of Ghana. As part of its preventive measures, the U.S makes it mandatory for other countries to take steps to end trafficking in persons by taking it upon itself to do annual assessments of national anti-trafficking processes and ranking each country's effort (Desyllas, 2007), based on U.S government's minimum standards for the elimination of human trafficking. The United State Department's annual report on Trafficking in Persons (TIP) judges each country's performance on a "tier system," ranging from tiers 1 to 3. Tier 1 indicates sufficient effort at eliminating trafficking. Those placed on tiers 2 or 3 are those countries deemed by the U.S as not having demonstrated enough effort at combating trafficking. Those countries assessed as tier 3 could be placed under sanctions by the U.S. (Desyllas, 2007). However, the U.S and other Western countries rank themselves as tier 1.

Mezler (2005) notes that countries often ranked as tier 3 by the U.S do not necessarily renege on their commitment to eliminating trafficking; the problem is more about their opposition to United States imposition of a hegemonic relationship. Among such countries are Venezuela, Cuba, North Korea, Iran and countries with Islamic leanings such as Afghanistan, Sudan, Qatar, Turkey, Saudi Arabia and United Arab Emirates (Kempadoo, 2005 [as cited in Desyllas, 2007]). Desyllas (2007) argues that the hegemony of the U.S. and the West over developing countries sustains inequalities and imperialist relationships between nations of the global North and South. In Desyllas' (2007:71) view, anti-trafficking programs could have a more meaningful impact on

the lives of poor migrants if “western policy makers and others in a position of privilege decenter their power.” Although Western anti-trafficking policies tend to emphasize protection of trafficked persons and prosecution for perpetrators; their main preoccupation is border security and criminalizing undocumented migrants, including prostitutes. This practice further reinforces the “guilty sex worker” and “innocent victim” dichotomy embedded in the UN human trafficking protocol (2000). Additionally, Kempadoo (2005) asserts that criminalizing unrecognized migrants and prostitution further pushes these groups of people underground, thus making them more vulnerable to trafficking and exploitative working conditions.

Similarly, Chuang (2006b) argues that the unilateral sanctions regime established by the U.S is “inconsistent with international law” and often “ineffective in practice” (p. 439). This is because, by the threat of sanctions, the U.S imposes its anti-trafficking paradigm on other countries thereby undermining other international laws on human trafficking (i.e. UN human trafficking protocol, 2000). In practice, by exporting its domestic anti-human trafficking standards to other nations, the U.S fails to acknowledge the peculiar circumstances or differences (e.g. cultural and socioeconomic) among states, thus rendering most domestic anti-trafficking strategies unproductive. The efforts by the U.S to “guide global anti-trafficking practices” through its standards and particular experience can, therefore, backfire (Chung, 2006b:440) making an already bad situation worse.

### **3.5.3 Ghana’s Human Trafficking Policy**

Ghana responded to the need to combat increased trafficking in humans by passing the Anti-human trafficking legislation (Act 694) on December 9, 2005. Act 694 criminalizes all forms of trafficking and imposes penalties of between 5 to 20 years’ imprisonment for all trafficking offenses. The human trafficking Act was amended in 2009 to align with the UN Trafficking in

Persons Protocol (2000). The Protocol stresses three core elements of trafficking. The “act” involves recruitment, transportation and transfer of the victim; the “means” of trafficking includes the use of threats, force, coercion, abduction, fraud and deception; and the “purpose” of trafficking involves exploitation. Act 694, passed in 2005, omitted the exploitative aspect of trafficking in its definition, which resulted in an amendment in 2009. Act 694 provides for the establishment of a Human Trafficking Management Board (hereafter, the Board) – an inter-sectorial body comprising government agencies and NGOs mandated to draft a national plan of action to guide the implementation of Act 694. The Minister of Gender, Children and Social Protection (GCSP) is responsible for the coordination of all anti-trafficking issues and also chairs the Board. As of 2011 a new national plan of action was drafted by the Board, since a similar one developed in 2006 remained unimplemented. Under Act, 694, a human trafficking fund is to be established to provide among other things, basic material support, rehabilitation, and integration of trafficked persons (Danish Immigration Service report, 2008). Investment in the human trafficking fund comes mainly from the Ghanaian government, voluntary contributions (from individual, organizations and the private sector), and donor organizations. Although the human trafficking fund has been established, funds remain limited.

On July 5, 2012, the Government of Ghana (GOG) further demonstrated its commitment to fighting human trafficking in Ghana by amending section 52(2) of the Immigration Act, 2000 (Act 573) to criminalize migrant smuggling. The amendment not only gives legal backing to the Ghana Immigration Service (GIS) to prosecute migrant smuggling cases but makes Ghana’s Immigration Act compliant with the United Nations Protocol against the Smuggling of Migrants by Land, Sea and Air, supplementing the United Nations Convention against Transnational Organized Crime. The protocol defines migrant smuggling as “the procurement, in order to obtain,

directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a State Party of which the person is not a national or a permanent resident” (UN Protocol on Migrant Smuggling, 2000:2).

As an additional measure to step up its internal trafficking intervention efforts, the Ghanaian government set up anti-human trafficking units-AHTU (a division under the Ghana Police Service-GPS) in 9 of the ten regions in Ghana, so far. A whole range of other governmental agencies and Non-Governmental Organizations/Civil Society Organizations (NGOs/CSOs) have also been involved in anti-trafficking activities. These organizations include the Ministry of Health (MoH); Attorney-General’s (AG’s) Department; Ghana Immigration Service (GIS); and the Domestic Violence and Victim Support Unit (DOVVSU), among others. In March 2000, the Government of Ghana (GOG), alarmed by the prevalence of child trafficking within Ghana and across its borders, signed a Memorandum of Understanding (MOU) with the ILO/IPEC<sup>37</sup> to eradicate all forms of child labor. This culminated in the launch of a project named “Combating trafficking in children for labor exploitation in Ghana” (Taylor, 2002:9). In March 2012, the GOG launched a “child labor monitoring system” to check child labor and trafficking particularly in the Volta Region (U. S. State Department report, 2011). The GOG has also expanded its anti-trafficking measures to include awareness-raising, research and training of anti-trafficking personnel.

At the sub-regional level, Ghana affirmed the “Declaration on the Fight against Trafficking in Persons” during a meeting of the Economic Community of West African States (ECOWAS) Heads of State in Dakar in December 2001 and the subsequent launching of the Initial Plan of Action against Trafficking in Persons adopted by ECOWAS (2002-2003). Ghana has also

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<sup>37</sup> International Labor Organization/International Program on the Elimination of Child Labor

collaborated with other countries in the sub-region to clamp down on trafficking. For example, Ghanaian and Nigerian security officials met in Accra in October 2003, to map out collaborative strategies to curtail the increasing rate of child trafficking in the sub-region (*Africa News*, 22 October 2003)<sup>38</sup>.

In 2011, 117 trafficking cases were officially reported at the police Anti-Human Trafficking Unit (AHTU). Of this number, 91 cases were investigated across the country with 16 prosecutions initiated; 29 traffickers were convicted, including three foreign traffickers. During the period under consideration, the AHTU identified 409 trafficking victims (U.S. State Department report, 2011). The differences between reported cases and identified trafficked persons only shows how underrepresented the officially reported cases are. Despite its efforts in responding to human trafficking, Ghana has not ratified the UN human trafficking protocol and was ranked tier 2 on the U. S. State Department's trafficking in persons ranking system in 2011. A tier 2 ranking means Ghana has not demonstrated sufficient commitment to end human trafficking. The 2015 report, however, indicates a slip in Ghana's ranking. Ghana falls in the third of four categories in the Tier 2 watch list, signifying inadequate effort on the part of the Ghanaian government to comply fully with the minimum standards set by the U.S. for eliminating human trafficking (U.S. State Department Report, 2015). Any further slip in Ghana's ranking could lead to economic sanctions by the U.S and by the international financial institutions (i.e. IMF and World Bank) in the form of withholding or withdrawing financial assistance to Ghana.

Act 694, in its current form, is beset with a myriad of problems. First, this human trafficking framework, although it makes provision for the integration and rehabilitation of trafficked persons, consists of stipulations that are vague; it does not state clearly specific benefits and services to be

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<sup>38</sup> "Security officials discuss child trafficking". *African News*, October 22, 2003.



offered to trafficked persons. For example, it is not definite on what is meant by “basic material support” (under article 15(1) of Act 694) and for how long a trafficked person can access this support, thereby leaving it to the discretion of the sector ministry which could lead to misapplication and mismanagement of funds allocated to support trafficked persons.

Logistics constraints remain a major setback for law enforcement officers when it comes to transporting trafficked persons to testify in court. Furthermore, rescued targets for trafficking are, in some instances, held in police custody because of lack of shelters to accommodate them (Danish Immigration Service report, 2008). Aremeyaw Anas, a reporter for a Ghanaian newspaper, *The New Crusading Guide* in October 2007, led Ghanaian security officers to 12 locations in the capital of Accra where trafficked women were kept before traveling to Europe. Anas was cited in the Danish Immigration Service report (2008) as stating that the 17 trafficked persons rescued from the 12 hideouts had to spend “about a week in police custody before being “referred” to the Department of Social Welfare (DSW) shelter. The DSW shelter is one of the few government-run shelters, but it is under resourced and over stretched. Rescuing targets of trafficking or repatriating them to countries of origin without providing them with sufficient support, according to Bastia (2006:40) “merely takes the problem back to its starting point.”

Like the UN human trafficking Protocol (2000), Ghana’s Act 694 does not emphasize the protection of trafficked persons human rights. It was created solely to meet the demands of the West, especially the U.S. – to control unrecognized migrants, organized crime, and women’s sexuality. Trafficked persons are often portrayed by both the media and anti-trafficking organizations as passive targets devoid of agency, thus, all efforts are directed at rescuing the powerless target for trafficking and punishing perpetrators. In its current frame, the Ghana human

trafficking Act over-emphasizes protection and prosecution and fails to interrogate or address the socio-economic factors exacerbating the human trafficking phenomenon in Ghana.

Furthermore, Act 694 faces implementation challenges, mainly financial and skilled human resource limitations, as well as lack of coordination among the multiplicity of agencies responsible for human trafficking issues in Ghana. As noted in the Danish Immigration Service report (2008:10), the human trafficking board secretariat (under GCSP) responsible for the coordination of all human trafficking-related matters in Ghana, with additional duty to oversee the implementation of a national plan of action, is staffed by only one person who is also assigned to other duties in the ministry. The secretariat needs an urgent boost regarding its human resource and financial capacity in order to fulfill its obligations. Mr. Dally of the ILO is quoted as saying “the question is not whether the structures and institutions in Ghana are in place but that they are not functioning” (Danish Immigration Service report, 2008:7). And in its recommendation, the U.S. State Department annual report on trafficking in persons (2011) suggested the need for Ghana to train its law enforcement personnel, and make available the necessary resources to ensure the proper functioning of AHTU, as well as improve documentation on reported human trafficking cases.

Critics (Kempadoo, 2005; Jordan, 2004) have contended that human trafficking policies have compounded the issues rather than protecting trafficked persons from exploitation and human rights violations. First, Western anti-trafficking policies, in particular, seem to emphasize strict border controls and immigration policies which are aimed at curtailing unrecognized migration. In accordance, therefore, undocumented migrants and trafficked persons are deported or prosecuted for violating immigration laws. In the absence of legal migratory channels, some migrants rely on unauthorized means (Jordan, 2002), thus falling prey to traffickers. Once trafficked, their “illegal”

(unrecognized) status blocks them from accessing basic human rights (Sanghera, 2005). Their lives, therefore, become molded and concealed in a world of illegitimacy where they constantly try to avoid both the attention of law enforcement agents and the abuse of traffickers (Elabor-Idemudia, 2004).

Secondly, critics argue that most national anti-trafficking policies tend to be tough on crime as most efforts are directed at criminal networks and traffickers with little attention paid to the needs of trafficked persons. In a report prepared for GAATW, Dottridge (2007:2) states that existing anti-trafficking approaches are “counter-productive,” as trafficked person’s voices have been silenced in the related discourses and formulation of anti-trafficking strategies. An alternative anti-trafficking framework, argues Desyllas (2007:74), would have a broader outlook, taking into account other fields of forced labor than sex work; this is important for addressing all forms of oppressive and exploitative working conditions. Such a conceptual shift would create space for multiple voices and the experiences of migrant workers and trafficked persons to be heard. This move would ensure that generalized representations of developing world women in the sex trade that “reinforce gender, culture, and power structures” would not guide or influence national and international policy (Desyllas, 2007).

Trafficking discourses, rather than suggesting policies to dismantle the structural factors that promote trafficking (such as global capitalism, developing world indebtedness, and inequality) seem to reinforce the existing social order. By examining the links between migration, human trafficking and HIV/AIDS, this study explores how structural factors (such as economic globalization and neo-liberal policies) exacerbate migration, human trafficking and the spread of HIV/AIDS in the Manya Krobo area in Ghana and proposes ways to address the issue.

### **3.6 Theoretical Framework**

This section discusses the theoretical underpinnings of this research. The study adopts a broad development framework and draws specifically on postmodernist perspectives to understand the problem of migration, human trafficking and HIV/AIDS in the Manya Krobo area.

The first section of this theoretical framework discussion explores how some of the dominant paradigms in the field of development (i.e. Modernization, Marxists and Dependency theories) sought to address the issue of uneven and under-development and their implications for migration, human trafficking and HIV/AIDS. The choice of these perspectives is based on their continuous influence on development thinking and practice. The second part of the chapter discusses the postmodernist school of thought and provides justification for the choice of this perspective as a useful approach for understanding the research problem.

#### **3.6.1 Development Theories**

In an attempt to explain the origins of underdevelopment and poverty, particularly in the developing world, a number of development theories have emerged. Modernization theory continues to be the dominant philosophy in the field of development. Modernists have attempted to explain the gradual processes of transformation from traditional or underdeveloped societies toward systems characteristic of contemporary Western societies (Eisenstadt, 1966). In the view of Modernists, traditional societies can develop when they replicate that which has already occurred in Western societies.<sup>39</sup> Modernists, therefore, focus their attention on the ways in which underdeveloped countries can become “modern” (i.e., Westernized) through processes of economic growth and changes in their social structures (i.e. social, political, and cultural) (Isbister,

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<sup>39</sup> Modernization theory, retrieved from : <http://what-when-how.com/sociology/modernization-theory/>, on January, 16, 2016.

1995). Modernists often think in terms of progress or linear stages of development. One of the most popular “stage” theories within the modernization school was presented by Rostow (1960) in his book *The Stages of Economic Growth*. Rostow argued that there is a path to be followed by under-developed societies in order to transform from “traditional to modern societies. All societies, according to Rostow, would have to pass through the designated five stages regardless of their historical backgrounds (such as colonialism), in order to transform from “traditional to modern.” Using the metaphor of the take-off of an airplane, Rostow identified the five developmental stages as traditional society, preconditions for take-off, take-off, drive to maturity, and the age of high mass consumption (Rostow, 1971, Isbister, 1995). The age of high mass consumption, however, seems dated now in light of its impacts on the environment ( such as climate change) and the new call for more sustainable development.

Drawing from Rostow’s analogy, modernization theorists argue that to make the transition to modernity smoother, developing nations have to follow in the footsteps of the developed world (i.e. they have to catch-up). The problem for the countries of the South or Majority World (which is under-development), from the point of view of the modernist is “backwardness,” or the lack of a capitalist class to stimulate growth, democratic institutions, capital, technology and initiative (Isbister, 1995). If the problem facing the developing world resides in their lack of “productivity,” then the solution, it is assumed, lies in the provision of technology, capital, markets and foreign aid to these countries (Isbister, 1995). However, an important presupposition to this assistance was for rich countries to be in a position to continue to accumulate wealth and grow in order to be able to “assist” (or dominate) poorer countries (Isbister, 1995).

By acknowledging the origins of under-development and adhering to the prescribed solutions to the problem, modernization theorists believe that countries in the South would

overcome poverty and would be on the “right” path to progress. In effect, labor migration, human trafficking and HIV/AIDS, which are, to a large extent, products of poverty and unequal opportunities, would also be contained. This is, however, not the case as various studies (Bastia, 2006, Popli, 2008, Okojie, 2009, Sassen, 2000, Samarasinghe, 2008) have shown that modernist development strategies based on economic growth and capital accumulation have a lot to do with the proliferation of labor migration and human trafficking, as these strategies often lead to exploitation.

The modernization theory, however, came under a stream of criticisms. The modernist perspective has been criticized for its ethnocentric inclination and bias in favor of Western capitalist interests (Muller, 2006). Critics also highlight the failure of modernization perspectives to account for how colonialism, imperialist interference, and neocolonial exploitation by developed countries can explain the contemporary impoverishment of the developing world (Scott, 1995).

A more recent and focused critique of modernization theory came from Unwin (2007). He disagrees with modernization theorists on many fronts arguing that: (1) any analysis of development or poverty alleviation must focus on people and not on statistical values (such as economic growth) or the Gross Domestic Product (GDP) of countries. Using countries instead of people to measure “development” obscures the differences existing within and among social groups (2). Unwin (2007) maintains that the modernist notion of providing foreign aid to developing countries, as a means of facilitating development, remains a mirage if the power balance continues to skew towards the countries or organizations who provide aid. Aid has often come with a price for developing nations (also see Dambisa Moyo’s *Dead Aid*, 2009),<sup>40</sup> usually

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<sup>40</sup> Dambisa Moyo argues that instead of reducing poverty and stimulating growth, aid transfer from rich countries to Africa has rather led to worsened conditions on the continent. Moyo asserts that overreliance on aid make developing

tied to conditions and sometimes used by rich countries as a key to open up poor countries' markets for their products (e.g. food aid), or as a means of imposing draconian policies such as SAPs, which plunged developing countries into stagnation. Similarly, some scholars (2006; Jaggar, 2002; Chuang, 2006a; Alubo, 1990) maintain that harsh economic and social conditions imposed on the developing world through SAPs, explains, in part, the increased labor migration and human trafficking experienced in the sub-region under review in this study. Despite mounting criticisms, the core principles of the modernist approach, hitched to capitalist ideas of progress, economic growth, efficiency and capital accumulation, continue to influence development philosophy.

Unlike the Modernists, Karl Marx's basis for analysis of the developing world was based on class rather than social structures. Marx identified two fundamental groups with different relationships to the production structures in society or the capitalist system: the working class (or proletariat) who do not own the means of production and therefore, offer their labor for a wage, and the capitalist class (or bourgeoisie) who control the means of production and engage workers for wages (Isbister, 1995:55). Marx observed constant struggle and confrontation in the capitalist system as profits made by capitalists (bourgeoisie) depended on the exploitation of the labor of the working classes (proletariat). Although Marx identified the inherent contradictions within the capitalist system (i.e. exploitation, inequality and, impoverishment), he did not detach himself from capitalist development. In fact, he believed it would lead to the rising consciousness of the working class, which would eventually result in a political revolution (Seidman 2008; Isbister, 2008).

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nations aid dependency, corrupt, and poor. Aids, does no good for Africa except the need for more aid. Dambisa Moyo's Dead Aid, 2009.

Critics of Marxism have argued that the process of capitalism has always been “uneven” between and within countries. While some countries, regions and areas prospered under capitalism, the majority of the world’s populations are left behind, excluded or even destroyed by the process (Jaggar, 2002; McMichael, 2008:149-155; Isbister, 1995:56). The suffering and misery that befell humanity following the birth of capitalism through exploitation of labor, (including child labor) disease, mass unemployment, and poverty, are just some of the factors facilitating the increased rates of migration, human trafficking and HIV/AIDS across the globe (Sassen, 2000; Jordan, 2004).

The Dependency theory, an outgrowth of Marxism, asserts that the advancement of developed or core countries is conditioned on the underdevelopment of the Two-Thirds World<sup>41</sup> or “peripheral” countries. Dependency theorists, such as Theotonio dos Santos (1970) Fernando Cardoso (1972) and André Gunder Frank (1967; 1971), premise their argument on a critique of modernist notions of development. The dependency school posits that the under-development of the countries of the global South is not so much about the presence or absence of certain internal institutions or technologies, but rather about the unequal exchange relations between the core and peripheral countries; and the inherent inequalities associated with capitalist development (Isbister, 1995).

Proponents of the dependency school assert that labor migration is a natural consequence of the unequal distribution of economic and political power in the world economic system (De Haas, 2008). De Haas (2008) believes that the mass movement of cheap labor and human

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<sup>41</sup> Chandra Mohanty (2003) coined the term “Two-Third World” as an alternative for “Third World.” Mohanty emphasizes the problematic nature of the term “Third World” and attempts to obliterate the geographical divide of the term.” Mohanty instead uses the word “Third World” to signify women anywhere who are oppressed by other factors in addition to gender (such as sexuality, class, education, and race), including those living in privileged developed countries.



trafficking (both within and across countries), as witnessed in recent times, is “caused by structural and natural outgrowths of disruptions and dislocations, instinctive to the process of capitalist accumulation” (p. 7). For Khun (2005), the dependency syndrome can be cured if “the rich live simply, so the poor can simply live.” In line with this argument, dependency theorists suggest a rejection of the capitalist model, as a universal panacea to under-development (Sidaway, 2008; Isbister, 1995) and advocate instead for socialism.

The dependency theory has attracted a string of criticisms. The model has been critiqued for perceiving developing countries as “playing only a passive and manipulated role” in the globalizing economic system (Isbister, 1995: 66-67). This thinking is flawed, as it discounts the role played by some self-seeking and corrupt developing world leaders in contributing to the woes of the peripheral countries. Furthermore, the universal acceptance in current international relations of the potential benefits of principles such as “international integration and regional cooperation for development” reflects a failure of the dependency school’s call for a rejection of the globalizing capitalist system. Recent changes occurring in the world system - the emergence of the Newly Industrialized Countries (NIC) such as China, Singapore, and Hong Kong, the collapse of the Soviet Union, and the abandonment of socialism by Eastern Europe, according to some scholars (Isbister, 1995), signals a deficiency in the binarized dependency analysis.

The theories discussed above, nonetheless, will continue to be relevant to our understanding of development, and why migration, human trafficking and HIV/AIDS cases are rampant, so long as capital accumulation and economic growth remain the primary goal of development. The notion of development based on pro-growth strategies is further enhanced with the emergence of economic globalization.<sup>42</sup> Economic globalization is a development strategy

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<sup>42</sup> This study has focused largely on the economic aspect of globalization. It is important to note, however, that globalization is a complex process entailing social, political, cultural, technological, as well as economic dimensions

deemed to raise standards of living and bridge inequalities in societies (McMichael, 2008). However, current trends in economic globalization such as trade liberalization, outsourcing of production and restricting movement of labor, would indicate otherwise. For instance, trade liberalization and outsourcing permits Multinational Companies (MNC) and business enterprises to relocate production to poor regions of the world, as a means of reducing operational costs and increasing “operational flexibility” (Jaggar, 2002:124; McMichael, 2008:192). The result is informalization of labor, which is now segmented into “casual, contingency, or part-time positions” (Jaggar, 2002; McMichael, 2008). These categories of workers are usually poorly paid and lack health or retirement benefits, leading to poverty and marginalization of local populations. These marginalized populations are often compelled to migrate within and across international borders to rich Western countries, in order to seek better livelihood opportunities; unfortunately, too many become targets for human traffickers (Chuang, 2006a). Furthermore, while economic globalization promotes free movement of labor, goods, and services across international borders, paradoxically it limits the movement of people through stringent immigration laws. This makes migration through legal channels unattractive, thus fueling the trade in humans (Jordan, 2004).

Development and economic globalization agendas have been sustained on modernist notions of progress, economic growth and capital accumulation (Kaye, 2013). The inability of these approaches to bring prosperity to all provides a critical context for the emergence of postmodernists thought.

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and therefore cannot be comprehended in solely economic terms (Giddens, 2000). This study takes cognizance of the other aspects of globalization and were factored in the analysis of the study.

### 3.6.2 Postmodernists Perspective

Reacting to development discourses dominated by modernist assumptions of progress, and the failure of these approaches to alleviate poverty, led to postmodernist critiques of the hegemony of developmentalist models. By so doing, postmodernists offer alternative approaches to development in general, and anti-trafficking, HIV/AIDS and migration initiatives in particular (Kaye, 2013). Hence, postmodernist thought provides a useful perspective through which the incidence of migration, human trafficking and HIV/AIDS in the Manya Krobo area can be comprehended.

Postmodernists raise concerns about the application of the modernist construction of development as a universal model. Postmodernists therefore, challenge the over-generalization of the Western concept “development” and assert that it is not possible to create absolute knowledge due to the situatedness of social reality. Those who claim to possess absolute truth only do so to assert authority or power over the “other.” For Postmodernists, “metanarratives have a totalizing effect” (Seidman, 2008:163-165). In view of this stance, postmodernists call for a deconstruction of all normalizing narratives, as they argue that mega “truths” have the tendency to create hierarchies that marginalize and repress other, equally valuable truths. It follows, therefore, that the imposition of the “one-size fits all” type of development on developing countries blocks their optimal social realities from emerging, thus preventing them from following developmental paths that best fit their particular circumstances. This, in part, explains the marginalization of the continent, which unfortunately creates conducive grounds for migration, human trafficking and the spread of HIV/AIDS to thrive. Universal application of such conventional notions of development from the perspective of postmodernists, discounts the historical and cultural variations that exist between and within societies (Escobar, 1995; Rahnema, 1997; Muller, 2006). Postmodernists, therefore, highlight the importance of conceptualizing the incidence of migration,

human trafficking and HIV/AIDS within the historical, cultural and socio-economic contexts within which the phenomena occur.

In the same vein, postmodernists oppose scholarship, which reproduces unequal relations of power. An example is the use of binaries, such as “under-developed” versus “developed,” First World and Third World concepts often present in development discourse (Escobar, 1995, 2000; McKinnon 2008; Müller 2006). The effect of creating such categories, according to postmodernists, is that it creates cultural dominance and grants superior status to Western models of advancement as a “desirable objective to be pursued unquestioningly” (Cavalcanti, 2007; Mohanty 2006:64). In line with this argument, the Manya Krobos were expected to be grateful for the so called “development projects” (such as the dams, and commercial agriculture) undertaken in the area, which ultimately precipitated mass migration and the spread of HIV/AIDS. Postmodernists, on the other hand, view these efforts as sustaining a dominant culture that represses local knowledges and altered the ways of life of the Manya Krobo.

Similarly, postmodernists challenge the notion that economic growth associated with economic globalization and modernist development can function as a panacea to the myriad problems affecting developing nations (McKinnon, 2008). They argue that such pro-growth ideas expose local communities to the global capitalist market, making poverty and inequality more pronounced instead of minimizing them (Muller, 2006). In essence, postmodernists identify the issue of underdevelopment, the increased occurrence of migration, human trafficking and HIV/AIDS as arising from the socio-economic conditions (e.g. poverty, unemployment, social exclusion, cultural annihilation) stemming from ongoing development practices, rooted in neoliberal agendas.

Fundamental to the postmodernist argument is a recognition that the concept of development is a model from the West, which has been endorsed as “universally desirable and achievable” for all peoples and cultures (McGregor, 2007:156). From the postmodernists’ standpoint, this is an ethnocentric way of understanding and addressing world inequalities, as development practices premised on this discourse only make the problems more pronounced (Morgan, 2013). Postmodernists, therefore, advocate for an interrogation of the centrality of the notion of development itself. In this way, alternative ways of development can be explored and pursued, rather than reconstructing hegemonic development paradigms, which lead to social exclusion thereby fueling migration, human trafficking, and spread of HIV/AIDS.

Following in this logic, postmodernists equally reject socialist and capitalist paradigms, as they are perceived to endorse the myth that development is both “attainable and desirable,” if pursued on the “right” path (McGregor, 2007: 156). From the postmodernists’ perspective, these approaches have failed to deliver their promises of a better life and prosperity for all. Sassen (2001) observes that prevailing conditions in developing countries (such as poverty, unemployment, increased government debt) are primarily “associated with so-called development, achieved through neoliberal strategies propelled by economic globalization” (p. 89).

By critiquing the dominant development paradigms based on pro-growth strategies (e.g. capital accumulation, exploitation, market-driven economies etc.) postmodernists have paved the way for development scholars and workers to conceive of alternative approaches to controlling the incidence of human trafficking (Agustín, 2007: 8 [as cited in Kaye, 2013]), migration and HIV/AIDS. For postmodernists, alternative strategies should embrace women’s empowerment (both social, economic and political), building partnerships and self-reliant communities. They also espouse community or grassroots mobilization, as a means to liberate communities from the

clutches of neoliberal globalization and to resist hegemonic development ideologies (Escobar, 2004; Rahnema, 1991, Esteva and Prakash, 1998) which foster migration, human trafficking and HIV/AIDS.

Postmodernists call for bottom-up approaches, which allow local communities to chart their own paths towards realizing the kind of society they desire, based on their real needs and local ways of knowing (Escobar, 1995; 2004, Parpart and Veltmeyer 2004: 52). It follows then that, when local communities are allowed to chart their own development course based on their actual needs and through partnerships and building networks, as opposed to normative top-down approaches, sustainable development would be more attainable and better livelihood opportunities created in the long run. Since the incidence of labor migration, human trafficking, and HIV/AIDS are, to a measured degree, products of mal-development and poverty (Collins and Rau, 2000; Sassen, 2000), improvements in living conditions among local communities could result in arresting the problem.

In spite of attacks on postmodernists for not being able to offer concrete solutions to development problems, Cavalcanti (2007) argues that postmodernism has “deconstructed the term development,” showing its inherent contradictions and “prejudices.” This has paved the way for development scholars to “construct” alternative approaches, more capable of dealing with the frictions in current development paradigms. Such a paradigm should be localised and context specific, value women’s work and indigenous knowledge, embrace cultural diversity and interpretative methodologies that capture subjective truths.

Contextualizing the problem of migration, human trafficking, and HIV/AIDS within a broad development framework, therefore, helps us to understand the phenomena as a development issue. However, this study draws specifically on postmodernist thought, to highlight the frictions

embedded in dominant development discourse (which unfortunately give rise to the research problem) and offers alternative ways of conceiving “development,” as well as addressing the migration, human trafficking, and HIV/AIDS menace. Postmodernists’ perspectives have been widely used by scholars from several disciplines in the social sciences: history, anthropology, sociology, cultural studies, economics, history and development studies to understand social problems such as gender inequality, poverty, conflict and war, urbanization, migration and HIV/AIDS, and human trafficking (Bowker, 2001; Kaye, 2013; McGregor, 2007; Escobar, 1995).

By identifying the inherent deficiencies in mainstream development philosophy, postmodernists capture the complexities involved in the current development process, thereby helping the researcher to understand how these complex processes promote socio-economic disparities, which, in turn, facilitate migration, human trafficking, and HIV/AIDS.

Furthermore, the broad understanding of the research problem provided through the lenses of postmodernist theorists have guided the researcher in terms of what to look out for, the design of research instruments, and general analysis and interpretation of research data. This perspective also provides a number of different ways of addressing the research puzzle, leading to locally - informed recommendations to help curb migration, human trafficking and HIV/AIDS in the study area (discussed in Chapter 8). The postmodernist standpoint has added richness and nuance to the analysis and interpretations of the study by guiding the researcher to go beyond scratching the surface, to moving on to deconstructing the sources of the problem under study. In doing so, for example, it becomes evident from the research that making anti-retroviral drugs accessible may not be enough to contain the HIV/AIDS menace in the study area, if other underlying socio-economic factors (such as affordability, availability, employment and stigma) are not addressed.

More importantly, the postmodernist approach adopted in this research has clearly established methods of investigation. Postmodernists raise epistemological and methodological issues relevant to generating research data, as well as making knowledge claims. Postmodernist scholars suggest that in order to create alternatives to normative approaches, it is important to situate research within local histories and cultures, hence, its preference for interpretive methods. With this understanding, the researcher has adopted a predominantly qualitative approach to this study, which has proven useful for exploring the social, cultural and historical contexts within which migration, human trafficking and HIV/AIDS occur in the Manya Krobo area. The researcher has been able to identify long histories of colonial exploitation, the Akosombo and Kpong dam projects, cultural practices (e.g. *dipo* and *la pomi* customs) and economic factors such as poverty and unemployment as contributing to the migration, human trafficking, and HIV/AIDS experiences of the Manya Krobos.

Brown and Labonte (2011) and Floysand (1999) argue that to capture adequately localized and inter-subjective experiences of globalization, it is necessary to adopt multi-dimensional or micro-level qualitative approaches to supplement quantitative ones (Brown and Labonte, 2011; Hopper, 2006:139). Hence, the predominantly interpretative methods adopted for this study (e.g. focus group discussions, personal interviews, participant observation) are not only appropriate, but were also useful in capturing research participants' personal experiences of migration, human trafficking and HIV/AIDS in their own voices and words, as discussed in chapters 6 and 7.

The next chapter (chapter 4), explains the methodology and specific methods used in the collection of data from the field.



## CHAPTER FOUR

### RESEARCH METHODOLOGY

#### 4.0 Introduction

This chapter describes and provides a rationale for the choice of qualitative and quantitative research methods adopted for this study. The research design, data collection strategies, interview processes, and data analysis are also outlined in this chapter. Furthermore, the chapter explains steps that were taken to recruit research participants, as well as research assistants, and how research assistants were trained. Ethical considerations and steps taken to assure validity of the study are also discussed. Finally, the chapter explains challenges the researcher experienced in the field, the limitations of the study, and how these might have affected the study outcomes.

#### 4.1 Methods

##### 4.1.1 Research Design and Setting

Given the experiential nature of the research questions, this study draws predominantly on qualitative methods but adopts some quantitative approaches as well. Qualitative research entails the immersion of the researcher at the research setting where s/he actively engages participants in the research process. Denzin and Lincoln (2000:3) define qualitative research as “a situated activity that locates the researcher in the world.” For Mason (2002:24), qualitative research is “characteristically exploratory, fluid and flexible, data-driven and context sensitive.”

Accordingly, qualitative research employs a broad spectrum of interpretive strategies with the aim of better grasping social reality and making the world more visible (Denzin and Lincoln, 2000:4). Qualitative research is commonly used when the topic under study is relatively new and

needs to be “explored,” or if it is complex and sensitive (Creswell, 1998:17; Ritchie and Lewis, 2003). It could also be employed when a study is “concerned with understanding context; or it is consultative or strategic in its aim” (George and Bennett, 2005:32). The adoption of a predominantly qualitative approach to this study is therefore informed and justified by the sensitive nature of the research topic. Research questions, which engage participants’ personal opinions, feelings, emotions, and beliefs, require the use of multiple interpretative strategies to better capture and grasp the experienced realities of the participants under study. Overall, the sensitive nature of the research questions as well as the ontological underpinnings of this study, endorse qualitative approaches.

In order to gain in-depth understanding and to capture the multiple factors (i.e. historical, socio-economic, and cultural) that coalesce to facilitate migration, human trafficking and HIV/AIDS in the Manya Krobo area, the study employs a range of strategies including document analysis, participant observation, focus group discussions, semi-structured face-to-face in-depth and structured (questionnaire) interviews. Denzin and Lincoln (2000:4) note that each interpretative “practice” used in a range of “practices” gives meaning to social phenomena in a “different way.” The multiple methods adopted in this study bring strategic range of perspectives to the research questions, thereby providing nuance, richness and depth to the study’s outcome (Mason, 2002).

Granted that all research studies are value-laden, the “personal self becomes inseparable from the researcher-self” (Creswell, 1998:182; Mason, 2006:22). However, bearing in mind the importance of maintaining egalitarian relationships with research participants (Eichler 1998; Reinharz, 1992), the study remains reflexive and interactive, thereby avoiding as much as possible, hierarchical power relationships between the research participants and the researcher, or imposing

the researcher's opinions. Power relationships often result in objectifying research subjects, which in turn influences the outcome of the research. To avoid this situation, as the researcher, I sat among focus group participants and asked those who addressed me as "madam" to call me by my first name. Also, there were instances during the focus group discussions (FGDs) when participants got up from their seats and stood on their feet to contribute formally to the discussion. In such cases, I asked participants to sit, relax and make their contribution in a posture of ease and equity in the group.

My role as a researcher was to facilitate the research process in a way that encouraged the sharing of ideas with the aim of better understanding the context within which migration, human trafficking and HIV/AIDS occur in the Manya Krobo area. In doing this, I brought my knowledge on the topic based on the document analysis and information gathered from the literature, experience in conducting qualitative research and from previous work with PLWHA in the Manya Krobo area, to guide the questions I asked. I maintained "strong reflexivity," allowing the research participants' perspectives to influence my analysis and interpretations and not my personal opinions and biases (Harding, 1992:458). This stance was influenced by the philosophy guiding qualitative study, which suggests that knowledge should be derived from the perspectives of the "subjects of knowledge" (Creswell, 2009:8; Eichler, 1988:12).

#### **4.2 Data Collection and Analysis**

Prior to conducting fieldwork, government policies and legal documents on HIV/AIDS and human trafficking including the Ghana HIV/AIDS policy and human trafficking law were reviewed. Other resources included the Manya Krobo (Lower and Upper) district strategic plans for 2011-2015, and Non-Governmental Organization (NGOs) reports on Ghana's performance at combating human trafficking (such as the U.S. Trafficking in Person's report-2011 and the Danish

Immigration Service Human Trafficking report on Ghana-2008), as well as print and electronic media discussions on human trafficking in Ghana. Information from the documents (see Appendix B for a list of documents reviewed) review aided the analysis of data collected from the focus group discussions (FGDs), in-depth and structured interviews.

The documents constituted important sources for cross-checking information generated from study participants. For example, a review of the Lower Manya Krobo district health directorate HIV/AIDS strategic plan (2011-2015) revealed that stigma attached to HIV/AIDS in the district is one of the driving factors of the epidemic in the area as it prevents People Living with HIV/AIDS (PLWHAs) from disclosing their HIV status. This information was corroborated by participants in the FGDs. Mason (2002) observes that strategic plans, relevant reports and policy documents provide the researcher with the knowledge of what is happening on the ground and what is likely to occur during the study. Most importantly, the document review informed the central themes explored in the focus groups and qualitative interviews (such as factors contributing to the high incidence of HIV/AIDS and human trafficking; internal and international trafficking; types of jobs trafficked persons were required to engage in; existing interventions for HIV/AIDS and trafficked persons). Document reviews are especially relevant in studies where previous events and experiences, as well as private and public records, provide a better understanding of a social phenomenon (Ritchie and Lewis, 2003:35). It is also useful in situations where a social problem cannot be explored through direct observations (Ritchie and Lewis, 2003:35).

The data collection process was carried out in a particular order. The document review was followed by Focus Group Discussions (FGDs). Structured questionnaire interviews were held immediately after the FGDs (to generate subjects' demographic data). The reason for this arrangement is judicious use of time and financial resources. The semi-structured face-to-face in-

depth interviews followed the structured questionnaire interviews. The in-depth interviews were, however, carried out with two groups. The first set of in-depth interviews were held with members of people living with HIV/AIDS (PLWHA) support groups, while the second set was conducted with leaders of the support groups (known as PL support group leaders). The in-depth interviews were the last activity in the data collection process. This gave the researcher time to analyze the FGDs and structured questionnaire interview data so as to generate themes to guide the semi-structured in-depth interviews. Participant observation was also employed to serve as a check against participants' subjective accounts of events and to gain further understanding of the behavior and activities of the people. A purposive sampling method was used to generate the participant group for the study. With this approach, the sample PLWHA units were selected purposively because they embody particular characteristics that permit a thorough investigation of the key problem and themes the researcher sought to unravel (Ritchie and Lewis, 2003:78)

#### **4.2.1 Selection of Research Participants**

Participants for the study were drawn on a voluntary basis from people living with HIV/AIDS (PLWHA) support groups in the Manya Krobo area. The Support groups were formed to promote the welfare of PLWHA in the region. Members of the groups are recruited at area hospitals upon being diagnosed as PLWHA and are from all over the Manya Krobo area. Each support group has a coordinator who is usually a staff member of the hospital and elected group executives headed by a leader, who functions as the president of the group. Some of the support group members volunteer their services at the hospitals in the area through the model of hope program.<sup>43</sup> Membership of each support groups ranges between 50 and 80 people and each of the

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<sup>43</sup> Models of hope are people in Manya Krobo who through a program initiated by OIC international and other NGOs, publicly proclaimed their HIV/AIDS status. With the help of the NGOs, the models of hope were trained and

groups meet at least once a month. There were nine designated PLWHA support groups across the Manya Krobo area, but only six were functional at the time of this research.

Initial contact with research participants (members of the support groups) was not made directly by the researcher. I first met with the Eastern regional coordinator of the National Association of People Living with HIV/AIDS (NAPLAS) and introduced the research to him. Volunteers to participate in the research were sought with the help of the NAPLAS coordinator. Copies of information on the research (such as the purpose; significance and the various components and duration of the study) were left with him. I requested that the NAPLAS coordinator inform the six support group leaders about the research. Those interested in the study were, in turn, to inform their members and seek voluntary participation in the research. Initially, all six support group leaders expressed their willingness to participate in the research, but later, one of the group leaders rescinded his decision to participate after consulting with his members. Apparently, this group, besides living with HIV/AIDS, are also homosexuals and thus, facing a “double jeopardy” of marginalization and insecurity.

In Ghana, both people living with HIV/AIDS (PLWHAs) and homosexuals face a high degree of stigma and discrimination. In some communities in Ghana, disclosing one’s identity as a homosexual comes with dire consequences including lynching. These concerns may have prevented this group from participating in the research. I, however, regret not being able to speak with representatives of this group in order to provide them with a public voice. I also acknowledge the important contributions the gay support group would have made, to the overall outcome of this thesis. To fill this gap, I relied on the literature that attends to the homophobic bias in Ghana and in Africa as a whole (discussed in Chapter 5).

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placed in health centres in the area to help and serve as mentors for, especially newly diagnosed HIV/AIDS patients. The models of hope also perform other functions such as HIV/AIDS education and home visits.

In the end, five leaders gave their consent to participate in the study. The leaders compiled a list of their members who were willing to take part in the FGDs. Both leaders and members who indicated their willingness to participate in the study were given invitation letters. The invitation letters provided an overview of the study and also sought formal consent from research participants. Since most of the participants could not read, support group leaders were asked to explain the content of the invitation letters to participants. After this process, I discussed a time frame (date) within which I sought to commence the FGDs and asked the leaders to relay the dates to participants. This arrangement was designed to provide the different groups with the opportunity to choose dates that were suitable for them. In consultation with the NAPLAS coordinator, PLWHA support group leaders and participants, a safe venue where the FGDs and interviews were organized was identified and secured.

The FGDs were the sample from which participants for the structured questionnaire and in-depth interviews were selected. At the end of each of the FGDs, announcements were made requiring that participants who were interested in the structured (questionnaire) interviews see the trained research assistant to complete that process. On the other hand, participants willing to volunteer for the in-depth interviews were asked to submit their names to their leaders. Dates for the in-depth interviews were fixed with support group members who volunteered to participate, and the interviews were carried out on those days. In-depth interviews were also arranged and conducted with PLWHA leaders. Prior to the start of each of the FGDs and the in-depth interviews, consent forms highlighting the commitment involved in the study were explained in the local Krobo language by the researcher to participants, after which both participants and the researcher signed the forms. However, participants who took part in the structured interviews were informed that completing the structured interviews constituted consent to participate and thereby granted

permission for the researcher to use the data in the manner described in the consent form for the FGDs. After transcription of the interview data, research participants were invited again to a common venue in the Many Krobo area where they were taken through the complete transcripts orally. The process provided participants the opportunity to review the transcripts and make amendments where necessary. This was also to ensure that the research transcripts were an accurate representation of the views and opinions of research participants.

In order to defray the cost of transportation to and from the venue of the research, each participant received an honorarium in the amount of GH¢10 to 25 (about \$5 to US\$12.5) at each stage of the research process. The amount participants received was dependent on the distance between their place of residence and the research venue. Participants who came from rural areas received higher honoraria than those residing in the center of town. For their efforts in assisting to coordinate the research, as well as participating as research subjects, support group leaders received GH¢ 150 or US\$75 each.

Initial contact with participants was left to the NAPLAS coordinator and PLWHA support group leaders, as ethically that was the right thing to do considering the sensitive nature of the topic. The effect of the complex experiences of PLWHA and trafficked persons required that participants be adequately prepared for what to expect during the research process by people they were familiar with before actually engaging with the researcher and the research process.

#### **4.2.2 Training of Research Assistants**

Prior to the commencement of the research and while awaiting ethics approval from the Ghana Health Service Ethical Review Committee-GHSERC (this application process is discussed in the latter parts of this chapter) a day was set aside to prepare my research assistant, Blessing Abgoda, who was recruited to assist with the quantitative aspect of the data collection process. I



went through the following with her: aims of the research; ethical issues (such as confidentiality and non-judgemental attitude); the structured questionnaire instrument; and how participants' honorarium and packed lunches should be distributed. Blessing was my colleague while working at the Ark Foundation, Ghana. Both Blessing and I have previously done some work with PLWHA in the Manya Krobo area. Blessing is, therefore, familiar with the study area and has a wealth of knowledge on HIV/AIDS; she is also experienced in using a wide range of both qualitative and quantitative data gathering tools such as FGDs, in-depth personal and structured questionnaire interview instruments. However, to ensure that research participants' information was protected, consistency maintained, bias avoided, and to guarantee that the overall aim of the research was achieved, Blessing was briefed on the objectives and expectations of the research.

Since Blessing assisted only with the administration of the structured questionnaires and also because she does not speak the local language (Krobo), much emphasis was placed on understanding the research questions and how to get questions across to the participants in the Twi language without any ambiguity (fortunately, all the participants could speak Twi which is one of the dominant dialects spoken in Ghana). As a way of testing the research instrument, I went through all 11 questions on the questionnaire with Blessing and she had the opportunity to ask for clarifications where necessary. We ended the day with a mock interview, where I acted as the research participant and Blessing was the interviewer. This process was very useful, as there were some significant questions raised by Blessing which led to a rearrangement of the ordering of some of the questions on the questionnaire. In some cases, questions were split into "a and b." For example, questions 10 and 11 on the questionnaire were reordered, and two sub-questions (c and d) were added to question 11 (see Appendix C1). Blessing's knowledge of the study area and

HIV/AIDS and her research skills had a tremendous impact on the data collection process, for which I am grateful.

During the last week of data collection, however, Blessing was not able to offer her services as a research assistant because she had to attend to pressing academic issues. I, therefore, had to fall on another colleague, Agnes Lartey, also a former employee of the Ark Foundation, who willingly accepted the opportunity to help. Like Blessing, Agnes has worked with PLWHA in the Manya Krobo area and she is also a development worker by profession. She has a pool of knowledge on development issues such as HIV/AIDS and was familiar with the data collection tools that were employed in this research. Agnes' role was to assist with the administration of the structured questionnaires and, hence, she was taken through the same training process as Blessing. I used the opportunity to test the research instrument again with Agnes and the process once more proved useful as it resulted in making some new changes to the questionnaire. For example, Agnes drew my attention to the need to add a response option which reads "others" into the question on participants' sex (i.e. question 1), based on the fact that there are multiple gender identities and sexualities other than the normative male and female categories. The valuable contributions made by Agnes in shaping the data collection experience cannot be overemphasized. The choice of Agnes and Blessing as research assistants was based primarily on their research experience and familiarity with the study area. This was important to me because the sensitive nature of the research questions demanded experienced research assistants who could capture all the needed information without traumatizing research participants or compromising ethical considerations.

The rest of the waiting time for ethics approval (a little over a month), was used to identify key informants in the study area who could help me contact the PLWHA support group leaders. I traveled to the Manya Krobo area a couple of times to meet with Mr. Christopher Mensah, with

whom I had worked on a number of domestic violence advocacy programs and workshops in the Manya Krobo area. He also runs a women and children's rights non-governmental organization (NGO) in the neighboring town (Somanya). Mr. Mensah mentioned the Eastern regional representative of the National Association of People Living with HIV/AIDS (NAPLAS), as the one who could assist me in getting in touch with the support group leaders. I contacted the NAPLAS coordinator, and we meet at the St. Martin Catholic hospital (one of the designated hospitals in the area to offer anti-retroviral treatment) where he worked. I briefed him about my research, and he agreed to contact the support group leaders and was also willing to assist in any way I needed him to, once my ethics application was approved.

Furthermore, the time was used to locate a hotel, where the research team lodged during the data collection period, to identify a caterer who prepared lunch and snacks for research participants, and to sample possible venues for the focus group discussions and in-depth interviews. During the waiting period, I also met with some key stakeholders working to eliminate HIV/AIDS in the area such as the District HIV/AIDS coordinator, the Lower Manya Krobo District HIV/AIDS Focal Person, District Finance Officer, and Municipal Health Directorate Director, all of whom provided me with vital information, which helped to shape the content of the interview guides and the course of the research process as a whole. The rest of the time was use to fine tune the research instruments and prepare the necessary stationary and planning logistics for the research. The background work done in the study area prior to ethics clearance and commencement of the research made it easier for me to enter the area and carry out the research smoothly, within the short time that was left at my disposal.

#### 4.2.3 Focus Group Discussions (FGDs)

Focus group discussions (FGDs) constitute a useful qualitative-driven data collection strategy as they allow researchers to generate information from the perspective of and through the interaction of participants (Liamputtong 2009). The focus group method has gained popularity among academic researchers in health and social science fields primarily, owing to what they can reveal about relational dynamics operating around a particular topic. For instance, in her study, Bhana (2009) used focus groups to find out how HIV and AIDS are interpreted and made meaningful by South African children. FGDs provided an avenue for gaining a deeper understanding of the lived experiences of PLWHAs from their own point of view, as well as from the context in which their social reality is experienced (see Appendix C for FGD guide). By conducting FGDs, the researcher gained deeper insight into how development processes and other socio-cultural factors combine to shape the conditions of high migration, human trafficking, and HIV/AIDS in the Manya Krobo area. FGDs are relevant for studies focusing on attitudes, opinions, perceptions and for exploring sensitive issues (Ritchie and Lewis, 2003:58; Hennink 2007: 6). Since human trafficking and HIV/AIDS are by themselves complex and sensitive issues, this approach provided a useful opportunity to delve into delicate but core matters (such as stigma; support, care, and disclosure) surrounding HIV/AIDS and human trafficking.

Furthermore, focus groups enable participants to engage fully, “take over” and “own” the research (Kamberelis and Dimitriadis 2005: 903). This interpretative approach provided a secure space for PLWHAs to discuss their experiences and concerns (Liamputtong, 2009; Hennink 2007: 6; Jowett and O’Toole, 2006) and, in turn, informed the researcher’s conclusions rather than directing the study from a position of “expert” researcher (Fee, 1983 [cited in Eichler, 1988:12]). With this in mind, the researcher took note of the issues raised in the FGDs. The themes raised

(such as the impact of microfinance institutions on migration, concentration of entertainment centers, and other factors impacting the spread of HIV/AIDS) were explored during the subsequent FGDs and in-depth personal interviews. The fluidity and interpretative nature of FGDs is particularly vital from “alternative development” theorists’ standpoint as they argue that production of any social knowledge should be derived from a plurality of voices (Gergen, 1991) and also support “strong subjective” understandings between the researcher and the researched.

A focus group is an informal discussion about a particular topic among selected group/s of individuals (Wilkinson 2004; Kitzinger 2005). These “collective conversations” can be arranged with either a small or large group (Kamberelis and Dimitriadis 2008: 375) but ideally, focus group should consist of a small group of people, usually between six and nine in number (Descombe, 2007:115 [as cited in Dilshad and Latif, 2013]) who come from similar socio-cultural backgrounds or with similar experiences or concerns. Overall, five focus group discussions were held; one with volunteers from each of the five participating support groups. Participants in each of the focus groups ranged from 8 to 10. A total of 46 participants took part in the FGDs. The participatory nature of FGDs made room for flexibility in the questions explored, leading to richness of data gathered. For instance, participants in the various focus groups discussed in detail their experiences of human trafficking and HIV/AIDS, its impact on their human dignity, and their personal opinions on migration, human trafficking and the causes of the spread of HIV/AIDS in the study area. Their varied experiences and subjective meanings ascribed to migration, human trafficking and the high HIV/AIDS epidemic in the study area gave depth and nuance to the information gathered and data analysis.

FGDs have become popular in recent years partly because they are seen as a data collection strategy, which can provide quick results (Kroll et al., 2007). The method is perceived as a

convenient way of gathering complex data, given limited time and financial resources. Adopting this data collection strategy enabled the researcher to have discussions with all 46 focus group participants and generated a considerable amount of data at a relatively affordable cost within the shortest possible time frame.

#### **4.2.4 Structured (Questionnaire) Interviews**

Structured interviews are usually associated with quantitative studies but are emerging as one of the multi-methods employed by qualitative researchers (Creswell, 2009:14, Mason, 2006). Recognizing that all research methods have limitations, qualitative researchers emphasize data collection from multiple sources to ensure that the intrinsic biases in any particular method are offset by their collective potential strength (Brinberg and McGrath, 1985). According to Ritchie and Lewis (2003), qualitative and quantitative strategies can be used where the researcher intends to examine “both the nature and number of the same phenomena” (p. 41). The structured questionnaire interviews (see Appendix C1 for questionnaire) were employed to determine, for instance, the number of PLWHA who are un/employed; migrated internally and across borders; why they returned finally to place of origin; and the gender and age distribution of PLWHAs, among other variables, while on the other hand, the qualitative methods (FGDs and in-depth interviews) addressed issues related to how and why migration, human trafficking and HIV/AIDS infection rates are high in the study area. These methods were also used to assess the needs of PLWHAs and the challenges PLWHA support group leaders encountered in fulfilling their responsibilities. Again, qualitative tools were used to solicit suggestions from participants on the type of preventive and intervention programs that PLWHAs would like to see implemented to curb the spread of HIV/AIDS in the Manya Krobo area.

The rich information generated by combining both qualitative and quantitative strategies, according to Merton (2003), provide a strong evidential basis to inform social policy and for advocacy on behalf of “marginalized groups such as women, ethnic/racial minorities, people with disabilities and the poor” (Merton, 2003 [as cited in Creswell, 2009]). Since this study focuses on marginalized people, the structured interviews were particularly relevant as they provided some statistics on the number of PLWHAs who migrated; distribution of internal and international migration among the study population; and numbers of people who contracted HIV/AIDS at destination countries or towns. This statistical evidence is valuable for use in transformative advocacy on migration, human trafficking and HIV/AIDS in the Manya Krobo area. The statistics generated from this study also fill the lacunae in the literature and data (where data is virtually non-existent), particularly on internal migration and human trafficking in the Manya Krobo area. The structured interview questionnaires were administered to all 46 PLWHA volunteers who participated in the FGDs by the researcher and trained research assistants.

#### **4.2.5 In-depth Semi-Structured Face-to-Face Interviews**

In-depth interviews generally combine “structure with flexibility” (Ritchie and Lewis, 2003:141). The interactive nature of face-to-face interviews allowed the researcher to explore the lived realities of participants, thereby creating knowledge from their perspectives, while maintaining focus on the primary research themes. Additionally, the in-depth semi-structured interviews were adopted for this study because they allowed the researcher to explore issues which, by their sensitive and personal nature (questions such as how did you become infected with HIV; how did you get trafficked, what job did you engage in while at the destination town), could not be examined through the lenses of the other methods adopted in this study (e.g. FGDs and structured questionnaire interview). The in-depth interviews allowed for further exploration of

issues that arose from the FGDs (such as disclosure of HIV status, incidence of rape contributing to the spread of HIV in the area). In this way, the in-depth interviews provided the researcher the opportunity to probe further “factors underlying answers bordering on reasons, feelings, opinions and beliefs” which, in the end, provided explanatory proof associated with qualitative analysis (Ritchie and Lewis, 2003:141).

The instruments for the in-depth interviews involved semi-structured, open-ended interview guides (see Appendix C2 and C3). Participants for the first set of in-depth interviews were drawn on a voluntary basis from the focus group discussants. Interested participants were asked to give their names to their leaders, after which the list of voluntary interviewees was collected from the leaders. Interviewees were contacted, and interview dates were fixed. Prior to going into the field, I planned to conduct two in-depth interviews with participants from each of the five focus groups; making a total of 10 in-depth interviews with participants from the focus groups. However, since the invitation to participate in the in-depth interviews was on a voluntary basis, only seven people volunteered for the in-depth interviews. In total, seven in-depth interviews were held (with a maximum of 2 and a minimum of 1 person from each of the focus groups). Another set of in-depth interviews were conducted with 4 of the support group leaders, including the Eastern regional coordinator of NAPLAS. The aim was to gain insight into the kinds of support the leaders provided to PLWHAs and the challenges they faced if there were any.

In general, the in-depth face-to-face interviews provided further insight into whether participants who emigrated outside the study area experienced human trafficking and whether human trafficking contributes to the spread of HIV/AIDS in the Manya Krobo area. Interview sessions lasted between 45 minutes to 2 hours 30 minutes. With the permission of interviewees, interview sections were recorded. Where there was a need for follow-up, detailed notes were taken



over the phone by the researcher. Pseudonyms were used during interview transcription and analysis in order to protect participants' identities.

#### **4.2.6 Participant Observation**

Participant observation is one of the qualitative research methods used across the social sciences. Notably, Anthropologists and Sociologists have relied on participant observation for many of their ground-breaking studies. Illustrating how integral participant observation is to the field of Anthropology and Sociology, Guest et al. (2012) stated that doing a study using participant observation, as a research method is an “important rite of passage into the discipline” (p. 76). Anthropologist Bronislaw Malinowski's (1922) work among the Trobriand Islanders and Sociologist Beatrice Webb's (1926) research into the history of political and economic institutions are some of the foundational works that unequivocally articulate the importance of participant observation (Guest et. al., 2012). This method is useful in investigating aspects of social acts or behavior that are governed by “rules and norms,” discovering unspoken deeds and acts that are tabooed (Guest et. al., 2012). Simply put, in participant observation, the researcher tries to learn what life is like for an “insider” while remaining inevitably an “outsider” (Mach, et. al., 2005:13). Furthermore, participant observation allows the researcher to approach subjects in their own setting rather than having the research participants come to the researcher (p. 13).

Bernard (2006 [cited in Guest et. al., 2012]) identifies a number of reasons for conducting participant observation research: it reduces reporting biases; allows the researcher to witness the behavior or event s/he is interested in as it unfolds; deals with problems that other data collection strategies are unable to address; and reduces the problem of “reactivity” – that is, inconsistencies in people's beliefs and behavior (p.80-81).

There are several ways of making notes in participant observation settings; these include recording, videoing, taping and jotting down notes. However, there may be limitations on the researcher's ability to record observations the moment they happen due to conditions at the "physical setting" (Guest et. al., 2012:98). Examples are: a rainy day, casual chats, and in circumstances where the researcher has to keep his /her role secret. Mach et al. (2005), suggest that the best way to deal with these challenges is to jot down as many notes as possible immediately after the event and then expand further at the earliest convenience.

During the FGD stage of the data collection process, participants spoke passionately about the proliferation of entertainment centers (such as drinking bars and night clubs) as contributing to the spread of HIV/AIDS, particularly among youth in the study area (see chapter 7). Research participants recounted that the activities of the entertainment centers reach their peak, especially on weekends when they operate late into the night, thereby promoting sexual promiscuity among the youth. The researcher, therefore, visited two of the popular drinking bars in the study area to observe activities as they unfold and to gain a better understanding of the situation as reported by research participants. I visited these bars alone on different occasions in the evening at about 10 p.m. when the place had become very active. Upon arrival, I looked for a vantage spot to sit and bought some drinks to sip on, while I observed. I also had casual conversations with some of the people sitting at my table and others around the bar. From time to time, I walked around to observe people who were not inside the bar and were standing outside. The environment at the bar, besides being quite dark, the casual conversations I had intermittently with people, did not permit me to jot down notes on the scene. Therefore, I wrote down detailed notes immediately after I got to my hotel room (as suggested by Mach et. al., 2005).

The participant observation was useful to this study as it allowed the researcher to experience at firsthand what participants in the focus groups discussed about activities that take place at drinking bars and how they facilitate the spread of HIV/AIDS among adolescents in the study area. It was also used as an opportunity to gather more information on the topic. The information gathered from participant observation was incorporated in the data analysis.

#### **4.3 Data Analysis**

Data analysis and interpretation involves working with collected data, organizing and synthesizing it. It also involves scrutinizing the data for patterns and discovering the important issues to report on (Patton, 1990). Stake (1995) states that qualitative analysis is all about making sense of the subject under study, which is closely linked to the research design, data collection and interpretation of empirical data. Data collection and analysis, in essence, go hand in hand while the analytical and interpretation process occurs throughout the research phase.

In this study, the analysis was done by organizing and identifying themes in the empirical data. After the structured questionnaire interviews, the questionnaire data was coded and the *Statistical Package for Social Sciences* (SPSS) was used to analyze the quantitative information gathered, based on the objectives and research questions of the study. Analytical methods such as basic descriptive statistics (including frequency tables, pie-chart, percentages, histogram and measures of central tendency) were used to provide a visual picture of the quantitative analysis, which also allowed for easier comparison with the results of the face-to-face in-depth and focus group interviews. The findings of the quantitative data were also used to complement or reinforce the findings from the other data collection sources. For instance, while the statistics generated from the quantitative analysis of participants' education, sex, age, and employment complimented

findings from the other data sources, the statistical analysis on patterns of migration and HIV infection among returning migrants reinforced the findings from in-depth interviews.

The qualitative data was analyzed with a data analysis software, NVIVO, which was used to transcribe, generate themes, categorize, and code the qualitative data, in order to identify patterns and generate themes. The face-to-face interview data was analyzed by first examining recurring or key themes. These themes were contrasted with the findings of the focus group discussions, document analysis, participant observation textual data and structured questionnaire interviews. By adopting a thematic approach and identifying recurring themes, the researcher was able to determine the underlying factors influencing the high incidence of migration, human trafficking and HIV/AIDS in the Manya Krobo area and established a link across these phenomena.

Generation of themes was heavily influenced by this study's theoretical framework and the relevant literature review in chapter 3. Thus, guided by a broad development framework and focusing particularly on postmodernist perspectives, I drew on the notions of development based on progress and economic growth, to examine how the recurring themes reflect the contradictions and dislocations that characterize the development process. Central to the perspective of postmodernist theorists is the understanding that development based on economic growth and progress ultimately leads to marginalization and displacement of large proportions, particularly of developing world populations. This creates socioeconomic situations that propel mass population movements and the emergence of criminal networks, that prey on survival migrants eager to move to more prosperous regions of the world to seek better lives. With this understanding, postmodernist lenses were used to analyze the contexts within which, migration occurs; how migrants are trafficked; and how PLWHAs become infected with HIV/AIDS in the Manya Krobo area. Finally, since postmodernists are concerned with exposing and challenging the

developmentalist approach to socio-economic issues (Cavalcanti, 2007; Brown and Labonte, 2011:3), this analysis is aimed at finding alternative ways (in terms of programs and policies) to curb the high incidence of migration, human trafficking and HIV/AIDS in the study area.

Analysis of the documents generally involved an understanding of the contexts within which migration, human trafficking and HIV/AIDS occur in Ghana. The focus of the document analysis was to seek answers to questions such as: What are the militating factors for and against migration, human trafficking and HIV/AIDS? What legislation exists on human trafficking and HIV/AIDS? What intervention measures are in place to address human trafficking and HIV? What are the socio-economic determinants of migration, human trafficking and HIV/AIDS in the region? Finally, how is Ghana's performance evolving in combating human trafficking and HIV/AIDS?

The main aim of conducting participant observation is to use the information obtained from this process as a check against research participants' subjective accounts. It was also used to gain further understanding of how people who patronize the drinking bars in the study area behave and the implications of these acts and behaviors for HIV/AIDS infection (see chapter 7). In this sense, the researcher compared the textual data from the participant observations with those of the FGDs and in-depth interviews, looking out for common themes as well as additional information that might not have emerged in the FGDs and in-depth interviews.

The overall analysis of data generated from the multiple methods adopted in this study was carried out by triangulation. Triangulation "involves the use of different methods and sources to check the integrity of, or extend inferences drawn from the data" (Ritchie and Lewis, 2003:43). By combining a rich array of data sources, I was able to explore "convergence" and therefore, could make general speculations about the relationship between migration, human trafficking and HIV/AIDS among research participants, based on the conclusions derived from multiple data

sources. Contingent on the findings, recommendations are proposed to the government, the district assemblies, district health directorate and Non-Governmental Organizations to respond better to the high occurrence of migration, human trafficking, and HIV/AIDS in the study area.

#### 4.4 **Validity**

Confirming the validity of findings occurs during the entire process of the research, and forms an integral part of good research design and selecting appropriate methods (Mason, 2002; Creswell, 2009). Validity is concerned with “judgements” about whether a researcher is studying or explaining what they claim to be studying or explaining (Mason, 2002:188). Throughout the research process, I focused on the objectives of the study and made sure that I was explaining the link between migration, human trafficking and HIV/AIDS in my report writing. Additionally, the multiple methods adopted in this study reinforce each other to ensure the overall strength of conclusions derived, thus guaranteeing the validity of the research.

The document analysis, structured questionnaire interviews, focus groups and in-depth face-to-face interviews allowed the researcher to explore and unearth the underlying factors informing the high migration, human trafficking and HIV/AIDS rates in the study area, and how the relationships among these phenomena play out. All through the research process, the multiple methods adopted formed an integral part of the outcome of the research. For instance, the document review not only uncovered the existing interventions for PLWHA and trafficked persons but also informed the themes explored in the focus groups and in-depth interviews.

Furthermore, the in-depth interviews also built on the focus group interviews by providing detailed insight into the experiences of PLWHAs and trafficked persons, thereby offering the nuance needed to maintain validity of study claims. To further maintain the credibility of the study, I continually interrogated the research methods throughout the research process to eliminate biases

and to ensure that the research puzzle has been sufficiently captured in the understanding of participants. To achieve this aim, I went through all the research questionnaires and reviewed the audio recordings to ascertain the appropriateness of the research methods and clarity of the questions asked. To further eliminate biases, I maintained “strong reflexivity” by questioning my own beliefs.

Additionally, given the complex nature of the research topic, using multiple methods is appropriate for obtaining different perspectives on the subject, as a thorough examination of any complex reality is not achieved through a single view (Rubin and Rubin, 2005:68). The multiple methods allowed the researcher to tackle the research question from different angles, thereby providing multifaceted viewpoints on the context within which migration, human trafficking and HIV/AIDS occur in the Manya Krobo area.

Creswell (1998) states that one of the advantages of qualitative research is the opportunity it gives for a detailed description of the research process. This description, according to Creswell (1998), allows “readers” to transport findings to other locations with similar characteristics in order to verify whether the findings and approaches can be successfully transferred. Similarly, Mason (2002:191) observes that the validity of interpretation of any qualitative research is dependent on the “end product” – that is, being able to show clearly “how that interpretation was reached.” Mindful of this, I documented all the processes involved in this study, explaining and justifying the methods used at each stage of the research. To enhance the validity of the study, my interpretations and the conclusions reached were based solely on the narratives presented by research participants through the structured, focus group, in-depth interviews, and notes from my participant observations. In this way, other researchers using the same methods and theoretical

underpinnings could replicate this study in other locations with similar characteristics and uncover similar or situated outcomes.

In addition, I solicited participants' views in checking the accuracy of the research by presenting a draft of the research interpretations and findings to research participants to cross-check for accuracy. This initiative was undertaken in accordance to Stake's (1995:115 [cited in Creswell, 1998]), claim that research participants play a critical role in studies; therefore, they should be allowed to scrutinize research drafts to give "critical observation or interpretations."

Finally, the findings were subjected to academic scrutiny through peer-review processes. Particularly, the findings and interpretations were discussed with my thesis supervisor, committee members, and peer debriefers throughout the research process for constructive feedback. A peer debriefer plays the role of a "devil's advocate" (Lincoln and Guba, 1985 [cited in Creswell, 1998]), asking tough questions about methods and interpretations with the aim of improving the accuracy of the researcher's explanations.

#### **4.5 Ethical Considerations**

This research raises key ethical considerations, which were taken into account during the process of the research. Before embarking on data collection, ethics approval for the research was sought from the University of Saskatchewan ethics offices. The rigorous ethics application process ensured that I factored into the research design necessary precautionary measures that addressed potential ethical concerns. First of all, since PLWHAs are considered members of a vulnerable group, initial contact with research participants was not undertaken directly by the researcher. The researcher contacted the PLWHA support group leaders (through the NAPLAS coordinator) and explained the research to them and then requested that they ask their members for voluntary participation in the research.



Ethical considerations surrounding informed consent also were given careful attention in this study. Consequently, before each interview and FGD, participants were informed about the purpose of the study and the issues likely to be covered, so they are fully aware of what to expect. Following this, a consent form which was developed purposely for this research was read aloud to ensure the understanding of participants (because of the high level of illiteracy among participants) and then signed/thumb printed by both researcher and participants. Participants were not compelled or obligated to participate in the study, as participants were recruited on voluntary basis. The invitation to participate in the research was all inclusive; open to participants of all ages (18 years and above), backgrounds and abilities. Without the inclusion of people with varied backgrounds, the research data would lack representation of the target population, as well as the diverse perspectives and experiences of different groups of people.

Confidentiality of participants is of paramount importance. In order to protect confidentiality of research participants, the following measures were put in place: preceding the interviews, through the informed consent forms, participants were notified that the interviews were confidential and that their identities would be protected. In this light, participants' names were omitted both on the interview files and in the write-up of the thesis and replaced with pseudonyms. I also avoided the attribution of comments in my write-up to any particular individual or group. Nonetheless, I notified participants that, although I would maintain high standards of confidentiality and anonymity, I could not guarantee that other focus group participants would uphold similar standards. I also informed participants of the probability of their group leaders identifying them based on the information they provided in the interviews. These conditions presented participants with the options of either holding back or freely giving out information that

might reveal their identity or jeopardize their safety. Participants were free to withdraw from the research at will.

On the whole, risks involved in participating in this study were no greater than what participants would normally encounter in their everyday lives. Ultimately, the main ethical concern was to ensure that the benefits of the study outweighed the potential risks. The predominantly qualitative approach adopted in this study and the flexibility that comes with it allowed me constantly to engage and respond to the complexities of the study, thus avoiding situations likely to put participants at risk. In the end, the study uncovered important findings, which could help address the high incidence of migration, human trafficking and HIV/AIDS in the Manya Krobo area.

#### **4.6 Researcher's Positionality**

The researcher is not a stranger to the study area. I hail from the Manya Krobo area, and understand and speak the Krobo language fluently. I am familiar with and appreciate the cultural dynamics of the area. In the course of my work at the University of Ghana and The Ark Foundation, I did extensive work in the study area. I have facilitated training workshops for both PLWHA and service providers, as well as, having undertaken research in the area in the past.

There have been raging controversies, however, in the interpretive research literature about the comparative advantages of the positionality of the researcher as “friend or stranger” (insider or outsider) to the subjects under study (Reinharz, 1992; Moore, 2009; Turnock and Gibson, 2001; Mercer, 2007; Huisman, 2008; Kirsch, 1999; Patai, 1991; Wolf, 1996). While some writers (Huisman, 2008; Kirsch, 1999; Patai, 1991; Wolf, 1996) argue that familiarity (being an insider) with the study population could lead to ethical dilemmas such as “alienation, disappointment, and exploitation” of research participants, other studies (Zimmerman, 1977 [cited in Reinhartz,

1992:26]; Huisman, 2008:391-92; Turnock and Gibson, 2001) indicate that being a “stranger” or outsider reduces intimacy and allows for strong and authentic research processes and outcomes.

The sensitive nature of this research made my strong links with the Manya Krobo area largely an advantage. First, access to the community and participants was relatively easy as I knew where to go and who to contact. Most of my initial contacts were people I knew from my previous work in the area; hence, they were receptive and open. Secondly, because I hail from the study area and also speak the local Krobo language fluently, research participants found it much easier to identify with me as one of their own. Participants, therefore, saw me as a friend who is concerned about their plight. This, in turn, encouraged openness to the very personal and sensitive questions raised. Therefore, in this study, my positionality as an insider and “friend” to the research area was beneficial to the overall outcome of the study. My positionality as an insider did not in any way undermine maintenance of “strong objectivity” as I remained reflexive and aware of how such close relationships could easily breed alienation, exploitation and inequality between researcher and researched (Kirsch, 1999:26). Notwithstanding the general benefit of my links to the study area as an insider one disadvantage was observed. My insider positionality as a Krobo for some reason, gave research participants the impression that I had a clear understanding of the subject under investigation, which involved migration, human trafficking and the spread of HIV/AIDS in the Manya Krobo area. This was evident particularly in the FGDs where research participants often prefixed their answers to questions I posed to them with “as you already know...” I had to persistently, remind focus group discussants that even though I am from the area I do not live there, and that I needed to understand the research problem through their lived experiences and subjective perspectives. Since this is the only way the outcome of the study would reflect their interpretation of the problem which would in turn allow for actual meanings of their situation to emerge.

#### **4.7 Challenges and Limitations of Study**

A number of challenges were encountered on the field in the process of this research that are worth mentioning. Prior to the commencement of data collection in Ghana, an ethics clearance was required from the Ghana Health Service Ethics Review Committee. I applied for ethics clearance one month before leaving Saskatoon for Ghana in June of 2013. Apparently, the Ghana Health Service Ethics Review Committee (GHS-ERC) meets to review applications once every other month. At the time, I put in my ethics application, the ethics committee had already met, which meant I had to wait until their next meeting. I should have checked for the meeting dates of the GHS-ERC before putting in my application, but for some inexplicable reason, I assumed they meet every month.

The ethics committee requires applicants to submit 13 copies of a detailed application including applicants and supervisor's curriculum vitae (my supervisor's abridged CV was about 27 pages), making the whole application submission voluminous. Finally, the ethics committee got back to me with comments, which I had to respond to and then submit another 13 copies of the corrected version. There were few issues raised with the corrected version but this time around, I was required to submit only a copy of the application after addressing the concerns raised. In all, I submitted 27 copies of my ethics application consisting of 54 pages each to the Ghana ethics committee, by the time my ethics application was finally approved on August 1, 2013.

The ethics clearance process as experienced is not only frustrating but an unnecessary waste of resources, especially in an era where there is increased advocacy for paperless transactions in order to save our dying planet. There may be reasons for requiring paper submission of applications instead of electronic ones, as well as meeting every other month to review ethics application rather than, for example, every month. Whatever the reasons may be, it is essential to

make the ethics application process less cumbersome in order to promote efficiency (in terms of cost) but more importantly, to save the environment.

The arduous process of obtaining ethics clearance put a strain on the time and resources at my disposal for data collection. By August 1, 2013, when I finally got ethics clearance, I had barely a month to collect data and return to Saskatoon, Canada. In the first place, the very complex nature of my research topic and the vulnerability of research participants meant the invitation to participate in the study should be voluntary. Voluntary participation usually requires giving would-be participants some time, to allow them to consider whether or not they would like to participate in the study.

As a result of the limited time I had left to complete my data collection process, I had to make do with participants who voluntarily responded to the call to be part of the research within the first week of sending out invitations. I believe if I had allowed some more time probably the number of research participants would have been more than the 50 who took part in the research. This assumption is based on requests from PL support group leaders asking me to give their members some more time to decide on their participation in the study. The higher the number of participants in a study based on personal experiences (and a topic as complex as migration, human trafficking and HIV/AIDS), the more depth and nuance would have been achieved.

Furthermore, due to the limited time, I had to spend monies that had not been budgeted for in order to expedite the process. For instance, I had to give out money to some PL leaders in order to mobilize their members as soon as possible (since their meeting date was not due) to promote the research idea to them and seek voluntary participation. The initial plan was for PL leaders to inform their members of the research at their monthly meetings; in that way, I would not have to pay any money for mobilizing members.

As already mentioned in chapter 6, the in-depth personal interviews were very emotional and traumatic for some of the PLs, as I was the first person ever to whom they had disclosed their experiences of human trafficking, sexual violence, and HIV/AIDS. Although I offered participants access to counseling services, but for the limited time, I could have followed up on these participants to find out if they accessed the counseling services and the progress so far and, if they had not used the service could have encouraged them to do so. Counseling would be a useful means to support research participants in dealing with their emotions and going through the healing process. Research participant narratives of pain, sexual abuse, exploitation, and humiliation were equally emotionally stressful and a harrowing experience for me, and especially so, as I felt helpless in minimizing their pain.

There are some limitations to this study, which also require acknowledgment. Data on migration and human trafficking in the Manya Krobo area is virtually non-existent. At the national level, data on human trafficking is fragmented among the various anti-trafficking units in the country (discussed in chapter 3). It is, therefore, difficult to access aggregated data on human trafficking in Ghana. This study relied on available (disjointed) data on migration and human trafficking at the national level in its analysis and discussions. Disaggregated data on migration and human trafficking in the Manya Krobo area would allow for a comparative and in-depth analysis of migration and human trafficking patterns in the area.

Given that all the research participants were above age 21 with a greater number falling within the age group of 34-57 (80.3%) and only 4.4% between ages 22-25 years with no participant recorded in age group 26-29 years, the study lacks the balance that early to middle adulthood participants would have brought to bear on the study. Their experiences of migration, trafficking or HIV/AIDS may be different from that of older people in their 40s and 50s. The same can be

said about the non-participation of the homosexual group, as their perspectives on the research topic may differ from their heterosexual peers. Non-participation of the homosexual group and different experiences from more varied age groups may have influenced the outcome of the research.

Since, the incubation period of HIV from infection to initial manifestations of the disease takes between two weeks to six months, it difficult to determine whether all the 12 research participants who claimed being infected with HIV/AIDS at destination areas actually contracted the disease at destination areas and not at place of origin before migrating. This finding may therefore, not be reflective of the real situation.

Finally, given the complexity of the research topic coupled with the limited time available, there are questions that still remain unanswered. For example, detailed analysis is required to better understand the gendered experiences of migration, trafficking and HIV/AIDS in the Manya Krobo area; the extent to which microfinance impacts migration; the magnitude of rape cases and its role in the spread of HIV; the context of peer trafficking; and how procedures at hospitals in the study area may have facilitated stigmatizing PLWHAs.

Overall, however, the study has unearthed some vital findings, which not only add to the literature and knowledge on migration, human trafficking and HIV/AIDS, but hopefully will also stimulate discussions on the subject and direct interventions to curb the incidence of migration, human trafficking and HIV/AIDS in the study area. For instance, findings such as: potential links between internal labor migration and trafficking; established number of HIV/AIDS cases among returning migrants; and cultural underpinnings to the spread of HIV/AIDS in the Manya Krobo area are all novel revelations likely to influence how the HIV/AIDS pandemic is conceptualized and acted upon in the Manya Krobo area.

## CHAPTER 5

### **DEMOGRAPHICS, MIGRATION DYNAMICS AND THE HIV/AIDS EPIDEMIC IN THE MANYA KROBO AREA**

#### **5.0 Introduction**

This chapter presents and analyzes data from the structured questionnaire interviews. The aim of the chapter is to provide some descriptive statistical basis to support the central argument this thesis advances, which is that the high incidence of migration in the study area has elements of human trafficking and that human trafficking contributes to the proliferation of HIV/AIDS in the Manya Krobo area. Based on this broad objective, the chapter is divided into two parts. The first part presents the demographic characteristics of research subjects. Since demographic characteristics are key determinants of HIV/AIDS infections, they should constitute an integral part of HIV/AIDS studies. The second section of the chapter discusses migration patterns of research respondents and includes themes such as research respondents' migration status, migration trends, and reasons for migrating from and returning to the Manya Krobo area.

Varied reasons account for the exploration of these themes. First, research participants' migration status was investigated to determine the extent to which migration persists among research subjects and to establish the validity of assertions in the literature that migration in the study area is high (Anarfi, 2003; Atobrah, 2004; Lund and Agyei-Mensah, 2008). Second, since this study focuses on internal migration, migration trends of research respondents were assessed to determine which is more prevalent: movements within (internal) or outside (external) Ghana. Third, participants' reasons for moving from the Manya Krobo area were examined to ascertain



the underlying factors driving migration and particularly to explore whether labor migration is one of the factors facilitating the HIV/AIDS epidemic, as has been affirmed in sections of the literature (Anarfi, 2003; Chuang, 2006a). Lastly, reasons why research respondents left destination countries or areas and returned to places of origin (Manya Krobo area) were also investigated to establish whether falling sick was a motive for returning. Responses such as “sickness,” “exploitative job,” and “no job” as reasons for returning were further explored in the in-depth interviews (discussed in chapter 6) to determine the type of sickness involved and whether respondents who indicated “exploitative job and “no job” experienced some form of human trafficking.

As mentioned in chapter 4, I recognize that the absence of the homosexual group from the study does not give a full and varied representation of how the spread of HIV/AIDS occurs in the Manya Krobo area, thereby blurring a complete understanding of the realities on the ground. To remedy this limitation, I draw on available literature that addresses the homophobic and heteronormative bias that informs the Ghanaian and African context. The final section of this chapter is, therefore, devoted to providing information on the lived experiences of the gay community in Ghana and in Africa as a whole.

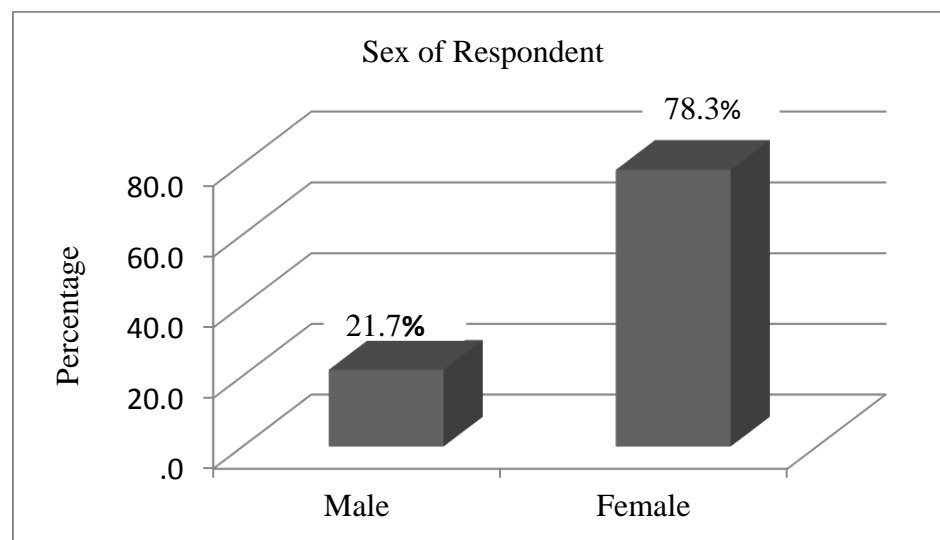
## **5.1 Socio-Demographic Characteristics of Respondents**

The literature on HIV/AIDS highlights the relationship between socio-demographic characteristics and HIV/AIDS infection; these relationships, nonetheless, vary from country to country. As a result of the varying conclusions drawn from studies carried out in different countries on the link between socio-demographic characteristics and HIV/AIDS, Fortson (2008), advocates for further investigation into the subject in order to attain clearer insights vital for formulating prudent policies designed to curtail both the spread and adverse effects of HIV/AIDS. What follows is a discussion of the socio-demographic characteristics of study participants (sex, age,

education, occupation and income) and how they correlate with the distribution of HIV/AIDS among respondents. Since, research participants are PLWHAs, their demographic characteristics, constitute some of the demographic determinants of HIV/AIDS in the Manya Krobo area.

#### 5.1.1 Distribution of Respondents by Sex

Fig. 3: Percentage Distribution of Respondents by Sex



Source: Field work, 2013 N=46 Missing cases=0

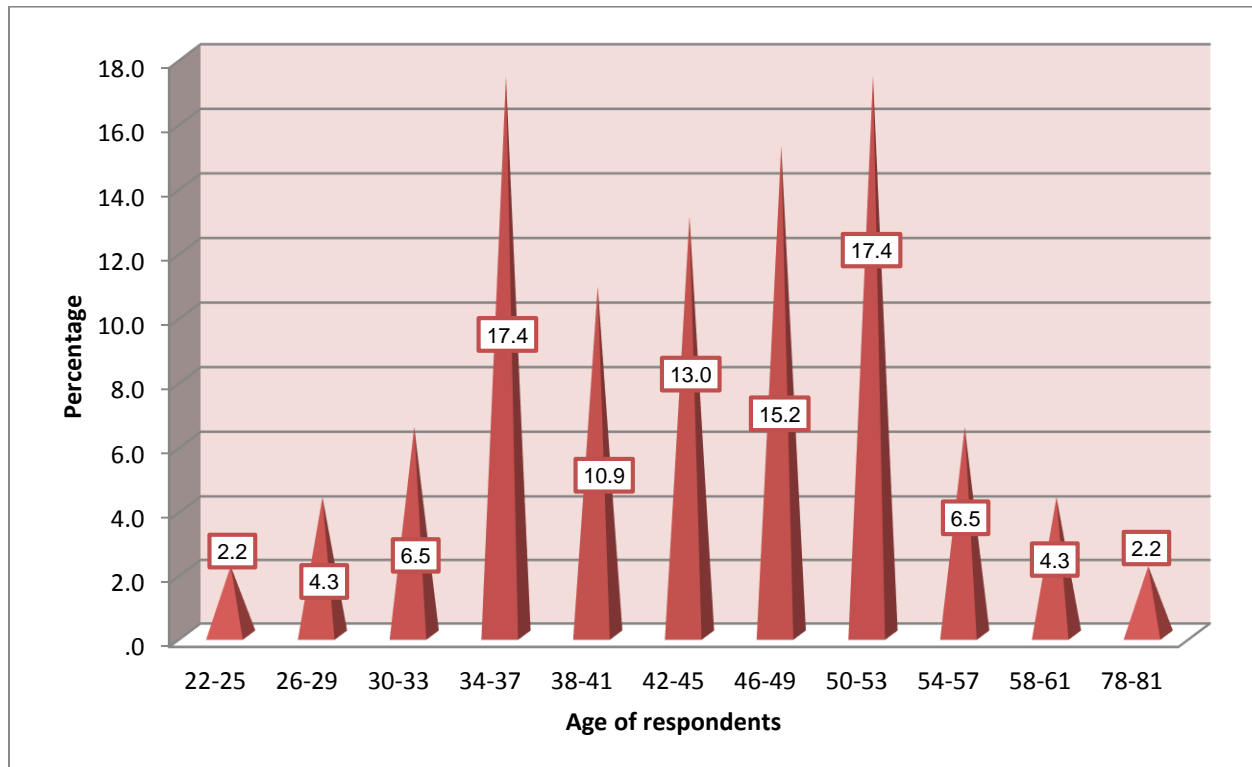
Since the first incidence of HIV/AIDS was recorded in Ghana in the early 1980's, the infection rate has persistently been high among women. This trend is also evident in the volunteer study population, as shown in Fig. 3, since over three-quarters or 78.3% of research participants are female, while males constitute only 21.7%. The fact remains that women's reproductive make-up contributes to their vulnerability to HIV/AIDS infection and sex in itself forms the basis of gender roles and some cultural practices in society, which further affect women's degree of exposure to the risk of HIV infection. Acceptance of male promiscuity and widow inheritance in some cultures contributes to the spread of HIV particularly among women (Seidel, 1993; WHO, 2003). Likewise, women's familial roles make them more reliant on men for financial support,

thus making them relatively powerless to negotiate for condom use (Akumetey and Darkwah, 2009). The gender distribution of HIV/AIDS, as presented in Fig. 3 (i.e. more women than men infected with HIV/AIDS) seem to reflect the general pattern in the Manya Krobo area, as studies undertaking in the area (LMKD HIV/AIDS Performance Review Report, 2010; Fenteng, 2009) confirm this finding. However, this finding is a sharp contrast to other studies (WHO, 2003), which suggest that the gap in HIV prevalence rate among women and men is narrowing.

#### **5.1.2 Distribution of Respondents by Age**

Recent trends in studies on HIV/AIDS place a lot of emphasis on age due to its apparent influence on HIV infection within a population (Kalipeni et al. 2004). Age is an important variable to consider in health related studies, interventions or policies, as the burden of particular diseases often occurs within certain age groups. For instance, the literature documents HIV prevalence to be highest among the sexually active and economically productive age group, between 15-49 years (Cerullo and Hammonds, 1988:20; Yeboah, 2007:1129-1130). A summary of the 2013 Ghana HIV Sentinel Report by the Ghana AIDS Commission (GAC) indicates a decline in HIV prevalence in all age groups except the reproductive and productive ages of between 15-19 and 45-49. The ILO's (2004c) report on HIV/AIDS in the world of work, paints a grim outlook of the impact of HIV/AIDS on the world's labor force and the global economy. It estimates that about "48 million workers will be lost from the labor market by 2010 and 74 million by 2015 due to HIV/AIDS." Reports and estimates such as these remind researchers, policies makers and development workers of the importance of age as an indicator of HIV infection, which should drive policies and HIV/AIDS intervention. Fig 4 below represents the percentage distribution of respondents by age.

Fig 4: Percentage Distribution of Respondents by Age.



Source: Field work, 2013  $N=46$  Missing cases=0

As depicted in Fig. 4, HIV/AIDS is most prevalent in two age groups. Those between ages 34-37 and 50-53 scored the highest at 17.4% each. Respondents in age groups 46-49 scored the second highest HIV/AIDS incident rate at 15.2 % respectively. HIV/AIDS prevalence rate among age groups 42-45 and 38-41years are also relatively high scoring 13% and 10.9% respectively. The disease occurred least among participants in age groups 22-25 and 78-81, scoring 2.2% each. Further analysis of Fig. 4 reveals a dense concentration of HIV/AIDS (i.e. 69.5%) in the productive and reproductive ages of 22-49 years. The finding supports existing literature, however, the analysis also shows the proportion of older people 50 years and above living with HIV/AIDS to be considerably high at 20.4%. This study finding indicates that HIV does not exclusively affect younger people since prevalence rate among older research respondents age 50years + is almost one-third of the percentage of respondents in the productive and reproductive age group. Many

reasons have been provided for the high prevalence of HIV/AIDS in age group (15-49) including but not limited to “risky” sexual behavior (such as multiple sexual partners and the lack of condom use), domestic violence and the fact that this is the active age for procreation. (UNAIDS, 2010; ICAD, 2006). Yet, others ascribe the high concentration of HIV/AIDS in the age bracket of 15-49 to economic difficulties that drive many young women and girls into prostitution as a means of survival (Samuel, 2009).

Likewise, the relatively high incidence of HIV/AIDS among older research respondents age 50 years and above could be a reflection of the effects of earlier populations aging. On the other hand, this finding could signify neglect and lack of studies on this age group (Negin and Cumming (2010). Throwing more light on the situation, Negin and Cumming (2010) assert that the availability of antiretroviral treatment in Africa enhances the life expectancy of PLWHAs. At the same time, people 50 years + remain at the high end of infection, as such responses to HIV/AIDS would not be complete if attempts are not made to understand and integrate the prevalence and characteristics of HIV infection among older adults into the strategies of HIV/AIDS response programs.

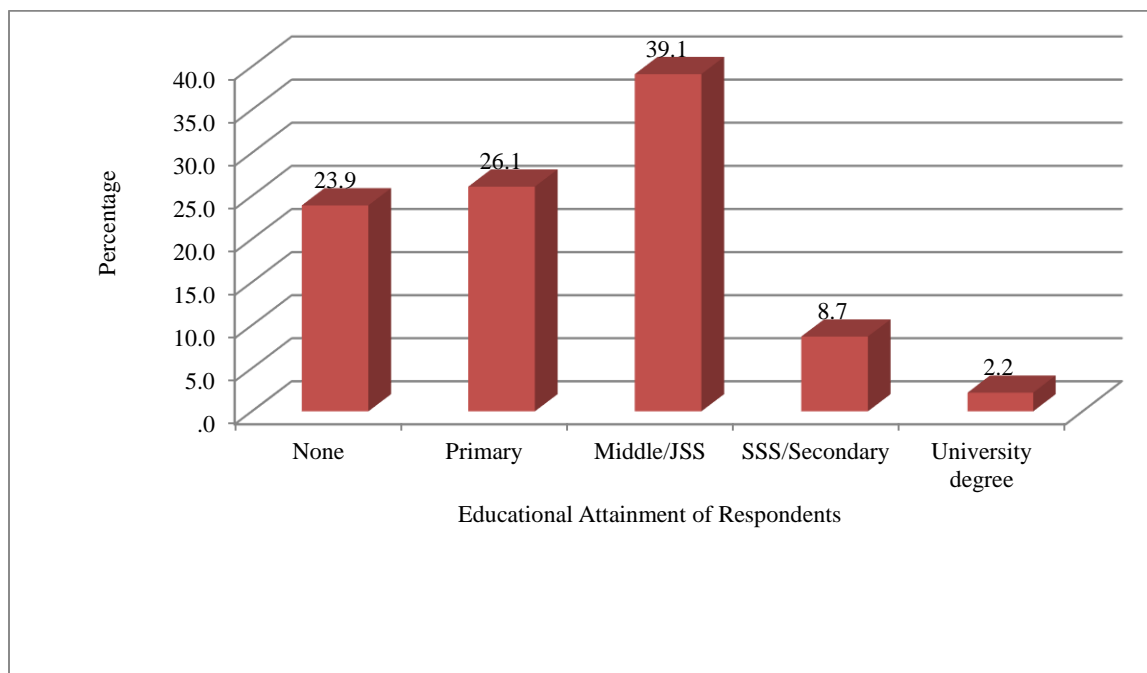
In sum, the age distribution of respondents shows that the majority 80.3% of the study participants were between 34-57 years. The age group with the lowest representation were 62-65 years and 78-81 years respectively, representing 2.2% of the total number of participants in each case. There were no participants below the age of 22 years; similarly, no respondent was recorded for age groups 26-29, and 66-77 years.

### **5.1.3 Distribution of Respondents by Educational Attainment**

The importance of education in the development of any society cannot be overemphasized. The more educated people are, the more likely they are to acquire adequate information on how to

manage HIV/AIDS or, for that matter, any social problems that arise. Armed with adequate information, people can make informed decisions about their health or social situation. Education is, therefore, key to the success or failure of any health related intervention programs. Fig. 5 below depicts the educational attainments of research respondents.

Fig 5: Percentage Distribution of Respondents by Educational Attainment.



Source: Fieldwork, 2013  $N=46$  *Missing cases=0*

From Fig. 5 it is apparent that most of the respondents (39.1%) in this study have middle or Junior Secondary School (JSS) education; this is followed by those with primary education (26.1%). A significant proportion of respondents have no form of education (23.9%), representing the third highest category of participants. Senior Secondary School (SSS) or secondary educational was limited at (8.7%) with University education being the least accessed at (2.2%). Together, more than half of the respondents (65.2%) have no secondary education. It is also worth noting that as the level of educational attainment increases from middle/JSS to SSS/secondary, the proportion of research respondents' declines drastically. For instance, there is a huge percentage drop in the

proportion of respondents with primary education and University education (a 30.4 percentage drop). The low level of education is not peculiar to the population of this study but seems to be a general trend in the Manya Krobo area. A survey on educational attainment in the area by the Lower Manya Krobo District Assembly observed that 54% of people living in the district had Middle/JSS education while only 10.3% had secondary education. Tertiary education was the lowest; only 1.2% of the population had attained this level of education. Based on this statistical trend, it is safe to speculate that the level of education of the people residing in the study area is generally low.

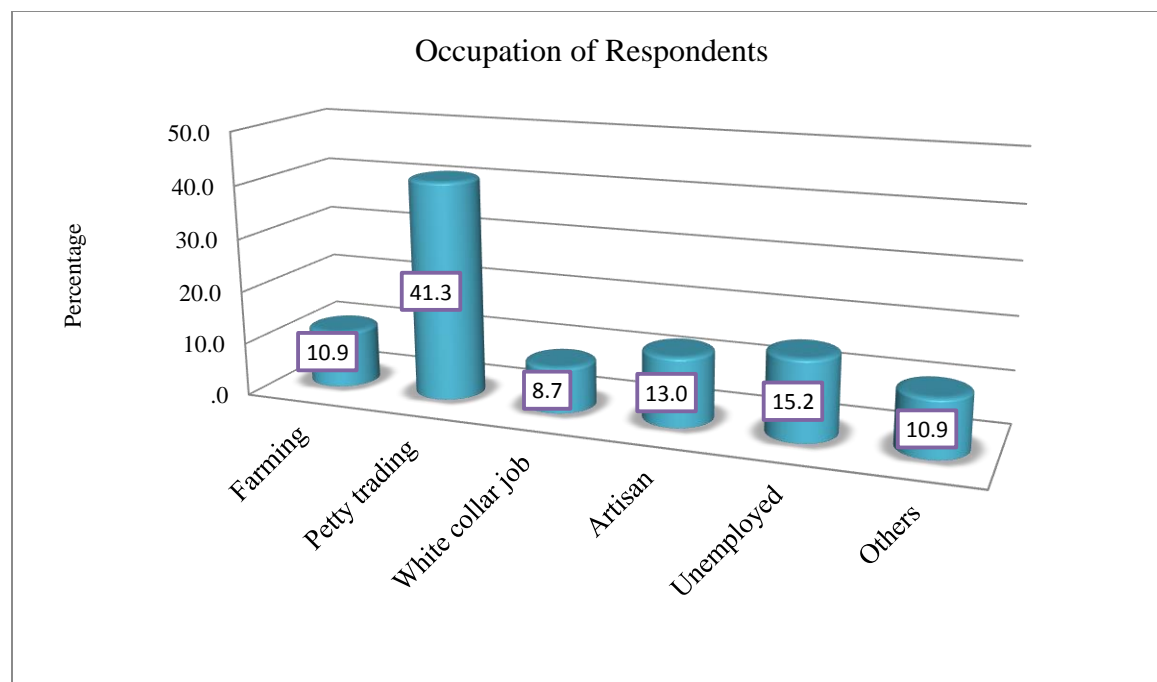
The low level of education among the Krobos could be a facilitating factor sustaining the ill health of the people. Education is often linked to occupation and income. People with low education are likely to have low paying jobs with low income and, therefore, may not be able to access health care services (especially in the era of SAPs where there are huge cuts in Government spending on social services) or the necessary information on keeping healthy. Although there are contrasting conclusions in the literature on the relationship between education and HIV infection, some scholars (Glynn et al., 2004; Aseidu et al, 2012), confirm a statistically significant relationship between education and the incidence of HIV. The findings of this study also confirm this association among research participants.

#### **5.1.4 Distribution of Respondents by Occupation**

The inability to secure jobs locally (unemployment) impacts migratory processes (Bastia, 2006). Migration, nonetheless, can increase the vulnerability of migrants to HIV infections especially when migrants are subjected to conditions of physical and sexual abuse, forced prostitution, poverty and labor exploitation. Unemployment could also drive girls and women into prostitution as a viable option for survival (Samuel, 2009, Anarfi, 2003), thus exposing them to

HIV infection. Rahman (2011) observed that poverty and unemployment “not only cause human trafficking but fosters it” (p.62). Analysis of the FGDs (discussed in chapter 6) shows a link between unemployment, migration and the incidence of HIV/AIDS among research participants. Figure 6 shows the distribution of respondents according to occupational status in percentage.

Fig 6: Percentage Distribution of Respondents by Occupational Status



Source: Field work, 2013 *N=46 Missing cases=0*

Fig 6 shows that the majority or 41.3% of respondents are into petty trading as a primary economic activity. A relatively high proportion of respondents 15.2% are unemployed. Farming and other occupations share the same score at 10.9% each. Artisans form 13% of respondents while only 8.7% of research participants have white color jobs. Occupations such as seamstress and hairdressing are grouped under “others” and they constitute 10.9% of total respondents.

Overall, petty trading constitutes the dominant occupation of respondents while white color jobs are the least common among those surveyed. Farming makes up only 10.9% tied with the category consisting of “other” occupations. A couple of factors could explain this occupational



trend: first, most of the research participants are females: 78.3%. Taking into consideration the low level of education of women and the gendered segmentation of the labor force, it is not surprising that the majority of respondents are in the informal sector (petty trading). Similar occupational distribution was found among women in other studies such as Fenteng (2009) and Ghana Population and Housing report (2010).

Petty trading seems to have also overshadowed farming and can be understood from the perspective of the inheritance system of the Krobos. The Krobos practice the patrilineal system of inheritance where women do not inherit land. The obvious choice is for women to venture into the traditional female domain of work with the least entry-level requirements, particularly for those with low educational backgrounds, as is the case of respondents in this study. Third, historically, the Krobos are known to be farmers, however, the loss of farmlands through the construction of the Akosombo and the Kpong hydro-electric dams and colonial exploitation of other resources (see chapter 2) in the area forced most of the farmers to migrate, particularly to cocoa growing areas in the Akan speaking communities. These migrant farmers work as either caretakers or laborers on other people's farms, or in rare situations acquire a piece of land for their own farm. This phenomenon of scarce farmlands has driven some Manya Krobos away from contributed in the area.

The scarcity of farmland due to the development of the hydroelectric dams and land grabbing for investments was raised by participants in the FGDs. This is what participants had to say about the paucity of land in the Krobo area:

*The water from the dam destroyed people's farmland and houses and they were not compensated. Some of them traveled to Sewfi to work on cocoa farms in order to get money to rebuild their destroyed homes. The construction of the dam therefore brought hardship and poverty to the people here. – Female, FG 2*

A male participant also commented:

*After the construction of the dam, there were still some lands that could be redistributed. However, the dam drew companies such as the banana farm and the canal, which is used for the rice farm to this area. The rest of the lands were sold out to these companies to the disadvantage of residents. The lands have been commercialized. – Male in FG 3*

It is also evident from the distribution of respondents' occupations in Fig. 6 that white color jobs were the least likely, representing 8.7% of participant employment. White color jobs such as teaching, security duties, nursing and clerical jobs require some minimum level of education or qualification training. However, 89.1% of respondents have no SSS/secondary education (see in Fig. 4 above). The low educational attainment of respondents could explain why there are only a few people engaged in white color jobs. This assertion was confirmed in the FGDs, as respondents blamed their lack of stable jobs on low literacy levels. A male participant in the FGDs commented:

*...we Krobos, our educational levels are very low; as a result, we do not get jobs. Majority of workers in the factories and offices in this area are mostly from outside this town. Take for example ATL and even the District Assembly. Krobos working there are less than 10, most of them are Akans and Ewes. – Male, FG 1*

Another explanation for the low number of respondents engaged in farming could be attributed to the fact that by their HIV/AIDS status, research participants were not strong enough to engage in the physically demanding usually labor intensive nature of farming practiced in the study area.

#### **5.1.5 Distribution of Respondents by Annual Household Income**

Income has become a crucial indicator of standard of living in most countries. The UN set the daily income poverty threshold in developing countries at \$1.25 USD.<sup>44</sup> Anything below this is described as living in conditions of extreme poverty (below the poverty line). The level of

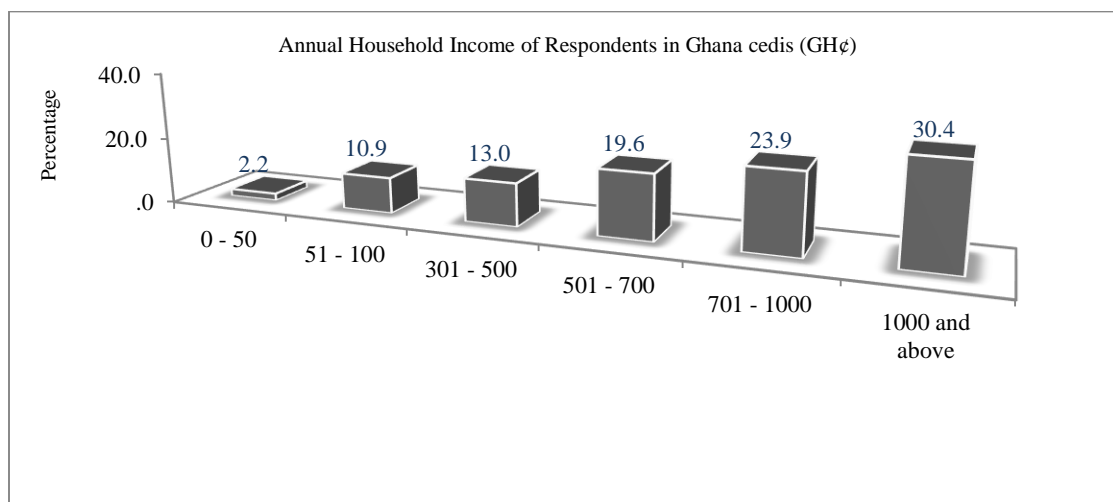
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<sup>44</sup> We can End Poverty: Millennium Development Goals and Beyond 2015. Retrieved from <http://www.un.org/millenniumgoals/poverty.shtml>, on January 27, 2016.

income often determines the standard of living or the quality of life of a person. Although the definition of poverty is not limited to the lack of income or economic stability alone, it also includes the lack of basic necessities for daily survival such as food, water, clothes, shelter, and education. Nonetheless, economic stability is paramount as people who are financially resourced can easily access the basic necessities of life, if available.

Existing literature on HIV/AIDS suggests an association between poverty and predisposition to “risky” behaviors, which creates situations of vulnerability to infectious diseases including HIV (Simmons et al., 1996:53; Cohen, 2000). While most people infected with HIV/AIDS are poor (World Bank, 1997:28), the financially secure also get infected by the disease. However, the impact of the illness between those with higher incomes and the poor may vary significantly, as the rich are better able to manage the disease (Collins and Rau, 2000). Income levels, therefore, matter when it comes to both the exposure and management of HIV/AIDS. Fig 7 below shows the annual household income distribution of respondents.

Fig 7: Percentage Distribution of Respondents’ Annual Household Income



Source: Field work, 2013    N=46    Missing cases=0

It is evident from Fig. 7 above that about three-quarters of the respondents or 69.6% earned an annual household income of between 0-1,000 Ghana Cedis (GH¢) while one-third 30.4% earned

GH¢1,000 and above. Therefore, the majority of respondents (69.6%) earn approximately \$357 per household in a year, which is equivalent to \$29 USD a month or 0.9 cents per household a day. If the UN threshold for a minimum wage of \$1.25 USD is to be applied, three-quarters of respondents would fall far below the poverty line and would be described as facing conditions of abject poverty. The daily income level per household does not even come close to the current minimum wage of GH¢6.00 or \$2.20 in Ghana. By this analysis, it is clear that most of the research participants are extremely poor. This observation is comparable to that found in the general population, as a report by the Lower Manya Krobo District Health Directorate (2011)<sup>45</sup> not only indicates that incomes are very low but also that poverty remains pervasive in the district. It is important to note, however, that although the distribution of the demographic characteristics of research participants discussed in this section reflects the situation in the general population, the absence of the homosexual group from the study could have influenced the outcome of the research.

## **5.2 Patterns of Migration**

This section is devoted to discussions on the patterns of migration among research respondents. It covers migrants' motives for migrating to destination places and reasons given for returning to the area of origin (Manya Krobo).

### **5.2.1 Migration Patterns of Respondents**

Migration is not a new phenomenon in the history of Ghana as highlighted in chapter two. However, the magnitude of population movement, particularly rural-urban and cross-border

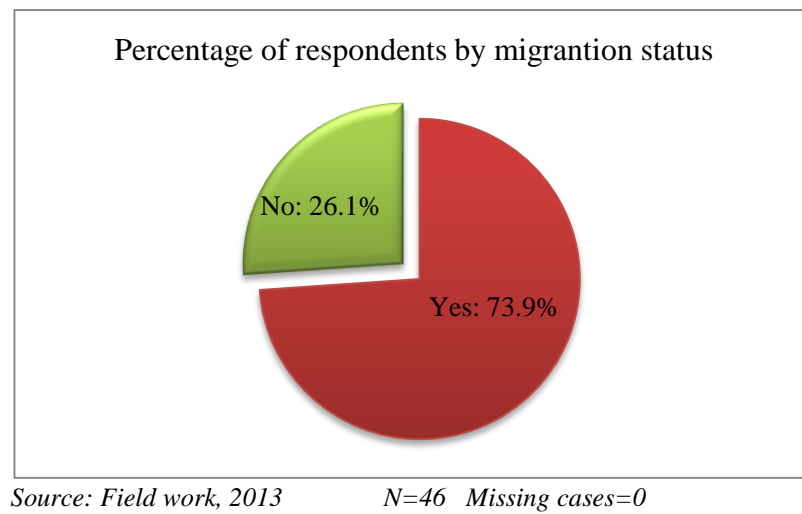
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<sup>45</sup> Lower Manya Krobo District Health Directorate HIV/AIDS strategic plan, 2011-2015. Published in April, 2011 and sponsored by UNICEF.

migration in recent times has become a cause for concern. From the pre-colonial through to colonial, independence and post-independence eras, migration occurred both within Ghana and among its neighboring West African countries, as well as abroad, especially England, the country of its colonizer (Manuh, 2005:27). Harsh macroeconomic development policies (such as SAPs; PAMSCAD; HIPC) pursued by successive governments in Ghana have resulted in deteriorating living conditions and have been blamed for the out migration outcomes especially in the 1980's and 1990's (Anarfi, 2003; Manuh, 2005).

It is also worth mentioning that there are variations in migration trends in the different regions of Ghana. While some regions, mostly the three northern regions (Northern, Upper East and West regions) experience high levels of out-migration, other regions like the Greater Accra and Ashanti regions commonly witness increased rates of in-migrants. Yet others like the Eastern region where Manya Krobo is located experience both situations (i.e. relatively high out and in-migrants) (GLSS5, 2008). The Manya Krobo area has been identified as one of the regions with high out-migration rates. Fig. 8 below depicts the proportion of respondents who have ever migrated and who have never migrated.

Fig. 8: Percentage Distribution of Respondents by Migration Status



To explore migration status, respondents were asked if they had lived in any town or country other than their current place of residence. Fig. 8 shows that almost 74% responded in the affirmative, meaning they had previously migrated, while only 26.1% answered “no,” implying they had never migrated. This finding supports assertions by scholars such as Lund and Agyei-Mensah (2008), Atobrah, (2004) and Anarfi (2003) of high migration rates in the Manya Krobo area.

As discussed in the introductory chapters of this thesis, the high migratory movement in the study area was precipitated in part by the construction of the Akosombo and Kpong dams and the appropriation of land for palm plantations and cocoa for export. Coupled with the economic recovery program (SAPs) initiated by the PNDC military government, under the directives of the IMF and the World Bank, the people of Manya Krobo were immensely impacted by the adverse effects of these events. High levels of unemployment and the general economic deterioration experienced in Ghana in the early 1980s precipitated mass migration of the people to neighboring countries.

In the destination countries, (particularly La cote d’Ivoire), most of the young women from the Manya Krobo area were engaged in prostitution where some were infected with HIV/AIDS (Anarfi, 2003; Decosas et. al., 1995). This claim was also confirmed in the FGDs where participants asserted that most of the women who migrated to Cote d’Ivoire engaged in prostitution and returned home very sick, only to die some few days or months after their return. This is what a female participant had to say.

*I witness some in Akosombo. There was this lady who settled in Abidjan and any time she came home and was going back she lured young girls to go with her. Most of them came back to narrate their experience; they came back with some property and money but did not live long to enjoy them. They all died of AIDS. – Female, FG 3.*

### 5.2.2 Internal and External Migration

Internal labor migration in Ghana as a whole and the Manya Krobo area, in particular, is as problematic as international migration, yet most attention has been directed at cross-border over internal migration. The interest in international migration has become even more intense in the current era of economic globalization, where the majority of the world's population excluded from the benefits of economic globalization seek greener pastures in more prosperous countries in the global north where they fill in the elastic demand for cheap, flexible labor. Table 1 present the migration trends of respondents.

Table 1: Frequency Distribution of Respondents by Migration Trend

Migration pattern	No. of Respondents	Percentage (%)
Within Ghana	29	63.1
Outside Ghana	6	13.0
Non-migrant	11	23.9
Total	46	100

Source: Fieldwork, 2013

$N = 46$  Missing = 0

Table 1 shows that of the 46 respondents who participated in this research, 29 representing 63.1% migrated internally within Ghana, while only 6 (13%) international migrants were recorded. There were 11 non-migrants constituting 23.9%. The migration trend presented in this analysis and as observed in the FGDs suggests that migratory movements of the Manya Krobos might have shifted from the days when travels were usually to West African countries such as Abidjan (Cote d'Ivoire), Nigeria and other countries in the global north (usually Europe), to circular movements within the borders of Ghana. Focus Group discussants maintained that migration, particularly to Abidjan, has reduced drastically in the area, as a result of the stigma attached to people who travel

there. This is because of previous experiences of high HIV/AIDS infection among those who returned from Abidjan. This finding corroborates studies by other scholars (Docosas et al., 1995; Atobrah, 2004; Sauv   et al., 2002; Kissi-Abrokwah et al., 2015:51) who have observed that Manya Krobos (particularly women) usually migrated to neighboring countries such as Abidjan (La cote d'Ivoire) where some became infected with HIV/AIDS. Other reasons for the drop in international migration (especially to the West) could be attributed to stringent immigration laws and strict border security. Limited channels for legal migration, nonetheless, could lead to other consequences such as a rise in criminal networks, who exploit the quest of unrecognized migrants to migrate (Popli, 2008, Jordan, 2004).

### **5.2.3 Respondents' Reasons for Migrating**

Varied factors inform current migratory patterns. Some of the motives for migration include job posting or transfer, schooling, joining a spouse or family member/s residing in a different locality, or displacements as a result of war, natural disasters or famine, just to mention a few. In a more complex analysis, the Global Commission on International Migration Report (2005) describes the three "Ds" driving emigration as "development, demographics, and democracy" (Alonso, 2011). Disparities and inequalities in development between and within nations breed deprivation, which in turn fuels migration. On the other hand, stretched resources and unemployment often caused by "excessive population" expansion explains the demographics of emigration; while marginalization and oppression in the absence of democratic governance have, in many cases, stimulated forced human mobility (Alonso, 2011).

It is important to note, however, that the unprecedented migratory movements that confront the world today is not caused by the so-called "excessive population" per se; rather the harsh realities of helplessness, poverty, unemployment, hunger, war, and disease bestowed on poor



people by the pursuit of unbridled neoliberal globalization policies explains the current migration patterns.

On motives for migration, the literature documents labor as the main incentive to migrate (a reflection of current trends in the global economy), although populations displaced through war, conflict and natural disasters are becoming major reasons for human mobility. The Levin Institute (2014)<sup>46</sup> observed, for instance, that immigration to America and Spain has largely been “labor-driven” and a “sizeable proportion” of the streams of migrants are undocumented. A surge in labor migration has also been reported by the International Organization for Migration (IOM report, 2010), which estimated the total number of migrants across the world to have increased from 150 million in 2000 to 214 million in 2010.

In this study, respondents presented various reasons for migrating (including schooling, joining family already in the new location, job transfer, etc.), but the overriding motive for migrating was to search for a job. Labor migration thus topped the list of reasons given for migrating from the Manya Krobo area. Table 2 below highlights the distribution of respondents by reason for migrating.

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<sup>46</sup> The Levin Institute (2014). *Globalization 101.org*. Retrieved July 2014 from <http://www.globalization101.org>

Table 2: Distribution of Respondents by Reasons for Migrating

Reasons for Migrating	No. of Respondents	Percentage
<b>To search for job</b>	24	52.2
<b>Job transfer</b>	2	4.3
<b>Joined Parents</b>	7	15.2
<b>Did not migrate</b>	11	23.9
<b>Others</b>	2	4.3
<b>Total</b>	46	100

Source: Field work, 2013 *N=46 Missing cases=0*

Of the 46 respondents who participated in the structured questionnaire interviews, 11 or 23.9% had never migrated. The need or opportunity to join parents enabled 7 respondents (15.2%) to migrate to towns where parents were located. Job transfers constituted the basis for 2 (4.3%) respondents to move to different destinations. The non-availability of local jobs and the need for survival topped the list of reasons, causing 24 respondents (52.2%) to migrate. Under “other reasons” schooling and marriage were the driving forces behind the movement of 2 respondents (4.3%).

The analysis thus far points to high labor migratory movements among research respondents. The magnitude of the problem is made more apparent when the analysis is shifted from the total number of respondents who ever migrated to those who migrated specifically in search of a job. In this case, of the 35 respondents who indicated ever having migrated (see Table 1), 24 stated the reason for migrating was ‘to search for job.’ It therefore stands to reason that more than half the number of respondents who ever migrated or 68.5% were labor migrants. The focus

group discussants also raised concerns about the high labor migration rates in the Manya Krobo area, which reinforce this finding. A female participant lamented:

*You see, the whole of Manya and Yilo that is we the Damgbes, we do not have any main job in this town, such as a factory where an up and coming young lady or young man could go and work. As a result, the young men and women leave this town to places like Accra, Koforidua and Takoradi to look for jobs. This is another reason migration is high.*  
– Female, FG 2

High labor migration among research respondents and in the Manya Krobo area could be attributed in part to disruption in the social organization of the people as a result of the appropriation of lands for commercial agriculture and construction of the Akosombo and Kpong hydroelectric generating plants (Sauvé, et.al., 2002; Lund and Agyei-Mensah, 2008 ). The experience of the Manya Krobo highlights the dark side of development. For Postmodernists (perspective underlying this dissertation) a top-down approach to development which neither allow local communities to chart their own paths to the kind of development they desire nor acknowledges local ways of knowing has a potential of further marginalizing and socially excluding the poor.

Again, the incidence of high migration in the study area is to some extent, the result of the disjunctions and dislocation emerging from attempts to integrate national economies into the global world order. Trade liberalization and privatization of state-owned enterprises (SOEs) poses a threat to organizations, particularly the textile industries in the study area, which employ a large number of the local people. These textile industries (Akosombo and Juapong Textiles Companies) are on the verge of collapsing, as they are unable to compete with the cheap foreign textiles that flood the Ghanaian markets. Over 3000 workers have been retrenched as a result, adding to the unemployment problem in the study area (discussed in chapter 2). The divestiture of the Asutsuare Sugar Factory (located close the study area) under the divestiture program implemented under

SAPs and its subsequent collapse have also had a telling effect on the socio-economic conditions of the people.

#### 5.2.4 Number of Years as Migrant

Population movement has a high propensity for subjecting survival migrants to a variety of health hazards. Challenges (loneliness, poverty, trafficking, emotional stress) encountered in destination areas could force migrants to engage in social and risky behaviors likely to enhance the spread of HIV. In Africa and as shown in this study, migratory movement is dominated by people in the sexually active and economically productive age group; usually most are unmarried, or if married unaccompanied by spouses, and often “lack basic skills to compete for jobs in the new destination” (Anarfi, 1993:3). The emotional and psychological stress of adjusting to a new environment (where there are no friends, cultural controls or jobs and being away from spouses and loved ones) creates conditions for possible involvement in sexual activities with multiple partners, which is likely to increase the risk of HIV infection (Anarfi, 1993; Inungu and Karl, 2006; Lagarde et al., 2003). To buttress this point, here is what a male interviewee in one of the in-depth interviews had to say:

*I was away from this town for 20 years and as a man, it was difficult to stay alone so I was sleeping with different women and through that I got the disease. Some of our women from here (Manya Krobo) were also engaged in prostitution – Male, IDI 5*

It is, therefore, logical to argue that longer periods of stay away from home alone may increase the desire to satisfy one’s sexual needs, thereby increasing the likelihood of engaging in potentially risky sexual behaviors. According to Anarfi (1993), these conditions of migrants “coupled with the repetitive and overpowering nature of the sexual appetite,” produces an environment for prostitution. At the same time, sexual predators and human traffickers are always on the lookout to prey on “greenhorns” arriving from the countryside. The circular nature of migration in Africa

where migrants eventually return to their places of origin, either in the short or long term, could also facilitate the spread of HIV (p.17). Table 3 shows the number of years respondents spent in destination areas.

Table 3: Distribution of Respondents by Number of Years at Destination Place

<b>Years</b>	<b>No. of Respondents</b>	<b>Percentage</b>
<b>0-5</b>	15	32.6
<b>5-10</b>	11	23.9
<b>10-15</b>	4	8.7
<b>15-20</b>	2	4.3
<b>20-25</b>	1	2.2
<b>25-30</b>	2	4.3
<b>Others</b>	11	23.9
<b>Total</b>	<b>46</b>	<b>100</b>

Source: Field work, 2013 *N=46 Missing cases=0*

The number of years respondents spent at destination places was relatively high. Some of the respondents (2) spent their silver jubilees at the destination place before finally returning home. It is worth noting that of the 35 respondent who had ever migrated, 15 of them spent between 0-5 years away from their places of origin; likewise, 4 respondents were absent from their places of origin for 10-15 years. A substantial number of respondents (11) stayed between 5-10 years at their destination place while (2) people returned to their places of origin after 25-30 years had elapsed. Only one person spent between 20-25 years away from home. “Others” (11) are respondents who had never migrated. Respondents who migrated spent an average of 8 years at the place of destination before returning home, finally.

The extended periods of sojourn in destination areas could create conditions for respondents to indulge in sexual activities for survival (especially when most of them migrated to

search for a job) which could raise epidemiological concerns. On the other hand, trafficked persons would have spent long periods of time in sexual or labor bondage. Migrants who may have been infected with HIV would, in turn, infect spouses, partners and family members during their visits or upon final return home. Thomas et al. (2010:218) observed that a migrant's return is often associated with merry making, sometimes resulting in promiscuous sexual activities that expose both returnee migrants and home populations to HIV infection.

Similarly, Anarfi (1993) notes that Ghanaian migrants' visits home often coincide with celebratory events such as Christmas and festivals, occurring in an atmosphere characterized by "laxity and permissiveness" (p. 17). An example is cited of the *Apoo* festival celebrated by a section of the Bono people in the Bron-Ahafo region of Ghana. For the two weeks duration of the festival, breaking of existing laws is permitted. For instance, according to Anarfi (1993), the conditions for divorce changes during the celebrations, as a man cannot divorce his wife on the basis of infidelity if she copulates with another man during the festive period. Anarfi (1993) concludes that the circumstance under which migrants spread HIV/AIDS in Ghana are facilitated by creating "conditions for the diffusion of the disease: first by relocation, followed by contagious diffusion" (p. 21). Commenting on how migrants have contributed to spreading HIV in the Manya Krobo area, this is what a focus group participant had to say:

*Like she said, when this person gets infected and comes back to this community, she will not disclose her illness and will be spreading it. This one person can give the disease to 10 people. You will be here, you do not even know Accra, but they will bring the disease to you. - Female, FG 4*

This remark is consistent with the findings of Anarfi (1993) and Thomas et.al. (2010) who have observed that migratory movements play a significant role in the spread of HIV. Furthermore, as this study shows, migration is a very important factor in participants understanding of the spread of AIDS in the Manya Krobo Area.

### 5.2.5 Reasons for Returning to Place of Origin

As discussed in the previous sections, migration in Africa is circular - migrants will often eventually return to their place of origin in the short or long term. Migrants, therefore, maintain close-knit relationships with their places of origin through visits, communication or remittances. A few of the respondents who crossed international borders, however, indicated that they were unable to visit (due to their illegal status) until their final return. Respondents gave varied reasons for the decision to come finally to resettle at places of origin. Table 4 below shows respondents' reasons for finally returning home.

Table 4: Distribution of Respondents by Reasons for Finally Returning to Place of Origin

Reasons for Returning	No. of Respondents	Percentage
Sick	8	17.4
Exploitative work	3	6.5
No job	12	26.1
Did not migrate	11	23.9
Others	12	26.1
<b>Total</b>	<b>46</b>	<b>100</b>

Source: Field work, 2013      *N=46 Missing cases=0*

It can be observed from Table 4 that the majority (26.1%) of respondents respectively decided to return home, finally, because either they could not secure jobs or due to “other” reasons - both responses had 12 respondents each. The second predominant motive for coming back to the place of origin is sickness (8 or 17.4%). This finding is both revealing and disturbing. Revealing because it indicates the extent to which migration affects the health outcomes of respondents and the Manya Krobos as a whole.

The situation is also disturbing because there are currently no effective intervention programs in place to check the high tide of migration in the Manya Krobo area; neither are there mechanisms to monitor returnees to stem the epidemic by migrants who may have contracted the disease from destination places. Considering the relatively large number of sick returnees and the paucity of control mechanisms, the implication is the increased spread of HIV/AIDS in the Manya Krobo area. Anarfi (1993:18) and Thomas et. al., (2010:218) have documented the impact of migration on both returnee migrants and home populations with respect to HIV infection. Exploitative working conditions were the reason (3 or 6.5%) respondents returned home. “Other” reasons for final return to the place of origin represented 23.1% and include retirement, repatriation, to take care of sick parent/s, the need to settle home as one advanced in age, to continue education, and to set up own shop after completion of apprenticeship training.

Responses such as “no job” and “exploitative working conditions” raise concerns about the means of survival after all the years spent in the destination place, as the previous section showed that respondents who had ever migrated stayed in a destination place an average of 8 years before finally returning home. Extant studies (Bastia, 2006; Popli, 2008) show that exploitative work could include debt bondage, sexual abuse, and long working hours on plantations and sweatshops, all of which could result in disastrous health outcomes. With regards to the “no job” responses, it is highly unlikely for a migrant to survive that long in a destination town or country without a sustainable means of survival. Most migrants would have to find ways and means to survive and usually it is during this process of struggling to make ends meet that migrants most often fall prey to traffickers. It is also common knowledge that during periods of economic stress, women are forced to use their bodies as a financial guarantee. Anarfi (1993:15) asserts that many women enter the commercial sex business “as a matter of survival.” Often, unrecognized educational



certificates, job discrimination and stiff competition for limited jobs in destination areas narrow job opportunities for migrants. Women, in particular, given their disadvantaged position of lower education overall, would be driven into the “easy-entry jobs” including prostitution as a survival strategy. Prostitution, however, creates vulnerability to sexually transmitted infections, including HIV. The following comment from a female participant in the FGDs corroborates this claim.

*As you explained, sometimes you travel to go and work but when you get there and you face so much difficulty, then you end up engaging in jobs that are against your will. If you meet someone (man) who wants to help then you give yourself to him (sleep with him) so as to get you out of your difficulty; but this person may be having the disease so you will also end up getting it. – Female, FG 1*

Other female focus group discussants mentioned that when they got to destination places they had to engage in prostitution, as a result of financial stress and difficulty in securing mainstream jobs. In their own words, ‘*we engage in activities such as sleeping with men.*’

The themes “sick,” “no job” and “exploitative working conditions” were further explored in the in-depth interviews and it was revealed that respondents who stated “sick” as reason for returning home were all infected with HIV/AIDS, while those who indicated “no job” or “exploitative working conditions” were also engaged in activities, which exposed them to health hazards.

### **5.3 The Gay and Lesbian Community**

In recognition of the gap that non-participation of the homosexual group in this study creates in the analysis and the final findings of the study, I attempted to fill this void by drawing on the literature to offer some insights into the lived realities of gay people and the homophobic bias that inform their lived experiences in Ghana and Africa as a whole.

Flagrant human rights abuses of lesbians, gays, bi-sexual and transgender (LGBT) people in Africa are well documented in the literature. In most countries in Africa, it is both “illegal,

stigmatizing, and dangerous” to identify as gay (Thoreson and Cook, 2011:4). In thirty-eight countries on the African continent, including Ghana, same-sex activity is outlawed, and there is evidence of violence unleashed on LGBT individuals because of the bias against their sexual orientation or gender identity (ibid). Of all the violations that confront LGBT people in Africa, blackmail and extortion are emerging as the most rampant, yet the least visible. The experiences of discrimination, extortion, blackmail and even threats of death toward gay and gender variant people have been documented in Ghana, Malawi, Namibia, Botswana and Uganda (p.5). To illustrate the ruthlessness of the perpetrators of extortion and blackmail, Thoreson and Cook (2011) recounts the experience of “Mr. Semakula Zilaba,” a gay man who lives in Uganda. Semakula received a letter from an anonymous blogger claiming to be a member of the National Anti-Homosexual Taskforce in Uganda threatening to expose Semakula’s activities, get him fired from his job and harm his wife and children if he does not provide a letter denouncing homosexuality and a list of all the homosexuals that Semakula knew in Kampala and Jinja (towns in Uganda) to the taskforce. These types of threats not only evoke fear and vulnerability of victims but also deter victims from seeking support, or reporting and seeking justice.

In Thoreson and Cook’s (2011:9) view, although the human rights violations and abuses confronting LGBT individuals, (such as threats, blackmail and extortion) are criminal under the laws of these countries, unfortunately, the laws are placed beyond the protection of targeted people, especially in places where law enforcement officers are complicit in these violations. For instance, section 104 of the Criminal Code of Ghana outlaws “unnatural carnal knowledge” between consenting adults – classifying it as a misdemeanor. This creates an environment of impunity where gay rights are regularly violated (Cobbina, 2011 [as cited in Thoreson, 2011]) and are subjected to “harassment, gay-bashing, physical violence, and extortion.” (p. 60).

Treating LGBT people differently could have profound consequences for them as individuals and on the society at large. Aside from the psychological and physical trauma, LGBT people are often intimidated, disempowered, placed in positions of insecurity and have limited options. Under these untenable situations, it is practically impossible for individuals from gender and sexual minorities to function fully and to meaningfully contribute to society. It is therefore not surprising that some studies observed a strong relationship between homophobia and HIV/AIDS-related stigma (White and Carr, 2005). This observation, unfortunately, stems from the general misconception in most African countries that HIV/AIDS is primarily associated with deviant behaviors such as homosexuality, prostitution, promiscuity, and injection drug use (IDU) (White and Carr, 2005; Herek et al. 2003). In Ghana and some parts of the Caribbean, there is a general belief that HIV is largely transmitted by homosexuals (Robillard, 2001). Discrimination, stigma and criminalization also deter LGBT people from HIV testing and treatment, as well as reluctance to reveal HIV status to sexual partners (common with bi-sexuals; White and Carr, 2005).

Obviously, discrimination against people who are members of gender and sexual minorities in Ghana and in Africa at large not only violates their human rights but also has a wider implication on health outcomes and effective responses to the AIDS epidemic in the country and on the continent. In the Manya Krobo area, in particular, similar situations of discrimination, fear, threats, and violence that define the everyday lives of LGBT people might have influenced their group's decision not to participate in this study. Furthermore, drawing from the literature, it would not be out of place to infer that silencing the voices of LGBT people may have contributed to the spread of HIV/AIDS in the area.

## 5.4 Chapter Summary

Using data generated from structured questionnaire interviews, this chapter has aimed at providing some descriptive statistical evidence to support the research thesis. The first part of the chapter presents the demographic characteristics of research participants. The findings indicate that age, sex, education, employment status or occupation and income are key determinants of HIV/AIDS among research respondents. The second section focuses on migration patterns of study subjects. It covers themes such as research respondents' migration status, migration trends, reasons for migrating, and for returning from destination areas.

While the study confirmed some assertions made by previous studies, it also discovered new findings that contribute to the literature and knowledge on migration, human trafficking and HIV/AIDS in the Manya Krobo area. The study found that migration, poverty and unemployment are excessively high among research participants and that more females than males are vulnerable to HIV infection. Additionally, the study shows how some development practices (e.g. building of the hydro-electric dams and export agriculture) in the study area destabilized the social organization of the Krobo people, which in turn propelled on-going labor migration. These findings are consistent with earlier studies that were undertaken in the study area.

Nonetheless, important new findings were also uncovered in this study. First, this study identifies labor migration as the common type of migratory movement among research participants and provides descriptive statistical evidence to support this claim. Of all research respondents, 73.9% had migrated at some point in their lives while only 27.1% had never migrated. Secondly, the study found the migration patterns in the study area to be predominantly internal 63.1%; this has wider implications for anti-trafficking strategies and HIV/AIDS control programs as most people who are trafficked migrate internally before crossing international borders. At the same

time, migrants and trafficked victims remain at risk of HIV infection. Thirdly, this study observed a relatively high number of respondents (8 out of 35 representing 17.4%) returning finally to the place of origin due to ill-health (infected with HIV/AIDS), indicating that approximately one out of every five returnees was infected with the disease. This revelation is important as it provides some basic statistical evidence of the impact of labor migration on the health outcomes of research participants. The finding also serves as relevant information for reshaping policy and intervention programs, as well as for transformative advocacy.

Lastly, discussions in this chapter revealed high incidence of HIV/AIDS infection among older respondents 50 years and above (the prevalence rate among ages 50-53 is equal to the HIV/AIDS occurrence within the age group 34-37). In the in-depth interviews, I came across some older people who had lived with the disease for over 10 years. The finding is, however, not out of place as Negin and Cumming (2010) observed a high prevalence of HIV/AIDS infection among older people 50<sup>+</sup> years in some African countries and warned that responses to the HIV/AIDS epidemic can no longer present a “blind spot” to the needs of people in this age group. Negin and Cumming (2010) argue that as anti-retroviral treatment is becoming available in Africa, the life expectancy of HIV<sup>+</sup> individuals is increasing, while at the same time older people 50<sup>+</sup> years continue to be at risk of being infected. This finding therefore, supports Negin and Cumming’s (2010) call for more studies and better insight into the incidence of HIV infection among older people, particularly in the Manya Krobo area. The situation also demands strategic intervention directed at people in the age 50<sup>+</sup> years bracket.

The high level of poverty, migration and HIV/AIDS prevalent in the Manya Krobo area, stems from a long history of implementing harsh economic development policies in Ghana, resulting in the disruption of the social organization of the people (Suave et.al., 2002, Lund and

Agyei-Mensah, 2008; Amanor, 1994). From a postmodernist perspective, the lived experiences of the Krobo people can be explained as a consequence of the tensions and dislocations emerging from the current global development paradigm, which focuses on economic growth, progress and accumulation of wealth to a small number of people. The continuous pursuit of economic recovery programs (in the name of development) by successive governments in Ghana (discussed in chapter 2) has led to deteriorating living conditions which have propelled the mass movement of Ghanaians both internally and across international borders, particularly, in the mid-1970s to the late 1990s.

The farmlands of the Krobos were appropriated for development projects and commercial agriculture without actually taking into account the social organization (made up of farming communities) and sources of livelihood of the people. Land in the area is currently under siege - land grabbing for export-oriented investments and expansion of the tourism industry (e.g. hotels and resorts) does not necessarily benefit the local people. One would think that investments in the area would open up job opportunities for the local people, but on the contrary, most of the positions in these organizations are occupied by people coming from outside the Manya Krobo area. The situation in the area presently emphasizes how current development practices further marginalize and socially exclude the poor. This point was re-echoed in almost all the FGDs where respondents stated that most of the employees of, for example, the district assemblies (i.e. Lower and Upper Manya Krobo district assemblies), the Volta River Authority (VRA) and other organizations in the area, are made up of staff from outside the community.

Chapter 6 analyzes the qualitative data from the research and relies heavily on discussions and descriptive statistical evidence provided in this chapter to support or reinforce assertions made in the next chapter.

## CHAPTER 6

### **MIGRATION, HUMAN TRAFFICKING AND HIV/AIDS**

#### **6.0 Introduction**

Building on the previous chapter, which gives insight into the extent of internal migration and its impact on health outcomes of research respondents, this chapter seeks to find out whether there is a link between internal migration, human trafficking, and HIV/AIDS. To investigate this broad line of inquiry, the chapter first explores human trafficking and the recruitment practices in the study area. My interest in exploring this subject stems from the understanding that to effectively control the incidence of human trafficking, it is important to gain some insight into how traffickers recruit their targets and how they operate their trade. Bearing in mind the debates surrounding the definition and scope of the international legislation on human trafficking (discussed in chapter 3), findings on this topic add to and enrich the current discourse on the protocol.

To better appreciate and highlight the types of trafficking migrants from the Manya Krobo area experience, a section of the chapter is devoted to analyzing the lived realities of research participants paying close attention to situations of exploitation. The reason for this inquiry is to provide answers to research questions: 1 - Do migrants from Manya Krobo experience human trafficking? And 2 - How does human trafficking contribute to the spread of HIV/AIDS in the Manya Krobo area? Lastly, drawing on these lived experiences, the chapter concludes with a discussion of areas of linkages between human trafficking and the spread of HIV/AIDS among research respondents.

The discussions in this chapter rely primarily on the analysis of the qualitative data generated from FGDs and in-depth interviews underpinning this research. The qualitative data allowed for further probing of issues arising from the quantitative analysis presented in chapter 5 as well as in-depth investigation into personal experiences and sensitive subjects, which the quantitative data could not address.

## **6.1 Human Trafficking and Recruitment Practices**

Trafficking in persons continues to galvanize global attention as a result of the blatant human rights abuses and exploitation involved. Every year, thousands of people, particularly women and children, are trafficked within and across international borders (Samarasinghe, 2003; Popli, 2008; ILO, 2005a). While the clandestine nature of human trafficking makes it difficult to quantify the extent of the phenomena accurately, available statistics (estimated 800,000 to two million people trafficked annually across the globe) ring alarming bells (Okojie, 2009; Popli, 2008; ILO, 2005a). Ghana has been identified as a hub for the illicit trade in human beings— as a source, transit, and destination country. The absolute numbers and extent of both internal and international trafficking in Ghana are unknown as documentation on the phenomenon is scanty.

In terms of how traffickers prey on their targets, Popli (2008) observed that traffickers lure them into their networks usually, through false promises of good jobs and decent wages. Furthermore, Okojie (2009) noted that trafficked persons are often conversant with their recruiters. Recruiters are usually relatives, friends or people who had previously helped close acquaintances of new recruits. Similarly, Taylor (2002) noted that trafficking in persons in Ghana has shifted from the big cities to rural areas where the uneducated and unemployed abound and are easily lured and trafficked. The Manya Krobo area has thus become one of the remote targets of human trafficking.



Evidence from the FGDs and in-depth interviews suggest some relationship between labor migratory movements and human trafficking among research respondents. Traffickers operating in the study area use different forms of recruitment methods. The methods include coercion, fraud, deception, familiarity, and abuse of a position of vulnerability. The study identified three types of human trafficking recruitment methods in the Manya Krobo area, generally categorized as child, peer, and destination trafficking.

#### 6.1.1 Child Trafficking Recruitment

Two child trafficking recruitment methods were identified in the study area: *parent* and *child contact* trafficking recruitments. *Parent contact* trafficking recruitment is a situation where close family friends, relatives and acquaintances approach parents and through false promises of jobs and better care are able to convince parents and lure their children into mostly forced labor and sometimes prostitution. The following comment from a mother in the FGDs illustrates a *parent contact* child trafficking recruitment:

*My case is that my daughter completed SS (Senior High Secondary School). When she completed, a retired nurse from this community came and told some of us that they (she and some of her colleagues) have established a big school and they need SS graduates to live with them and teach in the school. She said they have employed and overseen a lot of people. The way she described the whole thing we believed her. She came along with some young girls she claimed were all teaching in the school. We allowed my daughter and she followed this woman, not knowing all the girls she came along with do not live with the woman, they stay far away from the school and only come to work in the morning. When my daughter left, I learnt she comes with the woman with other girls to this town every weekend but the woman told her never to come home and visit us. The last time they came my daughter had to sneak to come and see us... – Female, FG 1.*

In this case, the child trafficker first contacted the parent of the girl and through deceit (i.e. offering her a teaching job) persuaded the girl's mother to give away her daughter. The trafficker not only exploited the labor of this girl but also isolated her from her parents. Economic deprivation fuels trafficking in children; poor parents who are unable to provide for the needs of their children

are made to believe that giving their children away to work elsewhere would bring in some income to provide for the family. Poverty also leads parents to assume that their children's future prospects are brighter elsewhere, rather than in the community in which they live (Clack, undated [cited in Okojie, 2009:158]).

With *child contact* trafficking recruitment, the trafficker monitors and finally approaches the child (usually living under deplorable conditions) and sells an idea of better life (in terms of education, conditions of living and better future) to the child. Convinced of these lofty promises, the child is coerced into submitting to the trafficker. These children are between the ages of 12-17 years and have completed either Junior Secondary School (JSS), Senior Secondary School (SSS) or are school dropouts and not engaged in any productive activity. Most of them are unable to further their education because parents are not able to afford school fees while others have not been enrolled in school at all. Eager to make a better life for themselves, these children become vulnerable to traffickers who promise them a better future. Due to poverty and the inability of parents to take care of children, even when the children inform them about their moving, parents would usually willingly let them go. An example of *child contact* trafficking recruitment is highlighted by another parent in the focus group.

*'Yes human trafficking occurs here. There is one lady in my house that is the main job she does. She lives in Kumasi and when she comes home, she will tell the young ones that she has a "chop bar" in Kumasi and that she can take them along to work in her chop bar (approaches children directly). When they get to Kumasi she forces them into prostitution. If they refuse to do it and want to come back home she refuses to give them money for transportation back home. One of the girls who went with her came back and died because through prostitution, the girl got pregnant and told her madam that she cannot keep the pregnancy therefore she needed money to terminate the pregnancy. The madam did not give her the money but asked her to come back here (Klu) while she (Madam) will follow up later to give her money to terminate the pregnancy. The lady came back waited for some time but her Madam was not coming and fearing that people will start noticing that she is pregnant, she decided to take some concoction to terminate the pregnancy but unfortunately she died.'* - Female, FG 3.

The study observed that high levels of poverty (discussed in chapter 5) in the study area impact the well-being of children. High HIV/AIDS prevalence in the study area further impoverishes the people and creates conditions where parents are not able to take good care of or exert needed influence on their children. Situations of single parenting, sometimes resulting from the loss of a partner through HIV/AIDS, coupled with the HIV/AIDS status of the living parent, creates financial stress and lack of control over and guidance for children. Conversely, even parents in good condition escape the harsh poverty and unemployment situation in the area by migrating, leaving children with the other parent, grandparents or relatives. In such a situation, children easily become truant, as proper care and monitoring may be lacking, giving room for child traffickers to operate. Studies show that women head 40% of households in the study area,<sup>47</sup> that there are high incidences of child labor and delinquency,<sup>48</sup> and also over 3,000 children are orphaned by HIV/AIDS deaths of parents in the study area.<sup>49</sup> Thus, the HIV/AIDS pandemic creates a complex web of socio-economic problems, which facilitates the trafficking of children in the area.

Other explanations for the general rise in child trafficking in Ghana are attributed to the breakdown of traditional support systems and practices (e.g. fostering) due to the impact of modernization. Traditionally, strong cultural conventions govern the socialization and nurturing of children in Ghana, particularly in rural communities (Johansen, 2012). Socialization and welfare of the child are considered a responsibility of the entire community. In this way, community members and extended families play important roles in ensuring the wellbeing of the child.

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<sup>47</sup> Lower Manya Krobo website: [http://lowermanya.ghanadistricts.gov.gh/?arrow=atd&\\_=74&sa=3767](http://lowermanya.ghanadistricts.gov.gh/?arrow=atd&_=74&sa=3767). Accessed June, 2014.

<sup>48</sup> Lower Manya Krobo District Health Directorate: HIV/AIDS Strategic Plan, 2011-2015.

<sup>49</sup> Ghana News Agency. *The plight of Orphan Children in Somanya*. Posted on Modern Ghana website June 17, 2008. <http://www.modernghana.com/news>.

Similarly, child fosterage has traditionally been used as a “protective mechanism or safety net” by poor parents who place their children in the custody of relatively well-to-do family members for guardianship and care (IOM Ghana, 2013). However, developmental modernity and the transformations that come with the process have significantly disempowered communities and the extended family from acting as support systems for the poor. Practices under modernization promote individualism over communitarianism; thus, the extended family is gradually embracing the nuclear family system, denying children from poor families the support that would usually have come from the extended family. Consequently, some opportunistic Ghanaians have taken advantage of the economic situation of their relations and the child fosterage culture to exploit and traffic children (Johansen, 2012). For other families, nonetheless, poverty and usually ignorance are key factors influencing decisions to sell children outright to traffickers. Joe Rispoli, head of the Counter-Trafficking Department of the International Organization for Migration (IOM) in Ghana, described child trafficking as a “distortion of the old cultural practice of placement with relatives or townspeople” (as cited in Johansen, 2012). In a recent study on domestic or internal human trafficking in developing countries, Rahman (2011) identified five common problems of human trafficking in these regions – one of which is cultural trafficking. Rahman (2011) described cultural trafficking as a situation where “some cultures condone and connive with cultural practices of the people to enslave its own” (p. 65).

#### **6.1.2 Peer Trafficking Recruitment**

Peers are usually people in their teens or early adulthood stage of the life cycle who share common experiences and interests. As Lindgren (2011:1) explains, peer friendships can be a safe avenue for “youths to explore their identity, learn about social norms, and practice their autonomy.” Peer friendships also come in handy in providing the necessary support to deal with

challenges that usually confront peers. Peers confide in each other based on trust. These benefits of peer friendships notwithstanding, the power peers have to influence each other's choices and behaviors can easily sway associates to follow other's negative behavior. Negative influence arises when youth compare themselves and wish to be like their peers, even where what they are aspiring for could have negative consequences. Wanting to fit in, do what others do, and have what others have no matter the cost is what pushes most youth or young adults into trouble (Lindgren, 2011). This study revealed that peer friendships can sometimes lead some youth into the trap of *peer trafficking* recruiters. The study observes two forms of peer trafficking recruitment in the Manya Krobo area: *fraudulent* and “*consensual*” *peer trafficking* recruitments.

*Fraudulent peer trafficking recruitment*: involves the peer trafficker using deceit (e.g. promises of good paying job and decent accommodation) and coercion to persuade his/her peers into embarking on a journey to a destination area. Upon arrival at the destination site, peer targets for trafficking are pushed into exploitative labor or forced prostitution. These trafficked persons are compelled to remain in the trade due to lack of familiarity with their new environment and financial resources to travel back home. Most often, the peer traffickers refuse to give them money and they are threatened into submission. A female participant in the focus groups narrated the ordeal of a friend who was a target of a *fraudulent peer trafficking* recruiter:

*... she moved to Manam, when she got here, she could not find any job to do. So there is a sister who also lives in my area but currently has moved to Ashiaman doing prostitution. This sister came and told the woman (friend) that where she lives in Ashiaman, there is high demand for people who wash clothes for a fee. Initially she said she will not go and my sister even advised her against it, but finally in the end she said she will go because she is facing financial problems. When they got to Ashiaman, not knowing, this lady had arranged with the queen mother who owns the brothel that she was going to bring someone. So, immediately they got there, she was given a room. After two days, the lady asked her friend, I thought you promised me a washing job but why have I been put in a room for the past two day. Her friend responded that there is no washing job and that what they do is prostitution. That is your room she said, so if you*

*can do it stay, if not you can leave. So, fortunately, she found some people there who come from this area and narrated her story to them. They gave her money and she returned home... – Female, FG 4.*

Here is another instance of *fraudulent peer* trafficking recruitment:

*... for example some of our friends or sisters in Kumasi and elsewhere do come home to visit especially during "out-doorings" (i.e. child naming ceremony ) and funerals. When they come and see the situation in which I am, they can tell you that this is where I live and this is the kind of work I do so I can take you along so you can also work. Because the person is close to you, you trust her and never think she will do anything bad to you. When you finally get to the destination town this person you trusted will start maltreating you and will be forcing you to do jobs against your will. Since you do not have money to return home you will be forced to do whatever jobs the person asks you to do. - Female, FG 3.*

In both cases, these young women were deceived by their peers into believing they were going to engage in decent jobs. Unfortunately, upon arrival at the destination area, they realized the only job available was prostitution. The young women became trapped in their situation because they did not have money and the means to escape. It was observed that participants were not comfortable using the word “prostitution”; they would rather refer to it as “doing jobs against your will.”

*“Consensual” peer trafficking recruitment:* This type of trafficking occurs when the trafficker explicitly informs his/her peer about the kind of job they are engaged in and offers to recruit his/her peer into the trade if he/she so wishes. The recruiter would, however not divulge the exploitative part of the job to the would-be target of trafficking. “Consensual” peer trafficking recruiters would usually entice their friends with the benefits they are likely to enjoy if they join in the trade. Peer traffickers would often visit the Manya Krobo area during festive occasions such as festivals (e.g. Nyamyemi festival of the Krobos), funerals and public holidays. These occasions are opportune times for peer traffickers to show off their wealth and to engage in ostentatious

spending – all in an attempt to attract the attention of their targets. The following illustrates an incident of “consensual” peer trafficking recruitment:

*In my area, Manam it happens a lot. Sometimes it is sheer envy. There are some girls in the area who go and come. When they come around, some of their friends will be tempted to ask them what work they are doing and they are looking so nice. They will tell you openly the kind of job they are doing; others will also say they are working in a drinking bar. One of the ladies who is into prostitution came and picked one of the girls from our area to Suhum to work as a prostitute. She now lives in Suhum but comes here during occasions. Now she is a master in the trade, she comes to take the girls in my area along. They come during occasions, very soon 1st July (Ghana’s republic day) and the Ngmayem festival will be here, they will come and show off. Some people are recruited into the trade, not because they are facing any extreme financial difficult, but because of eye red. They just look at the nice things their friends in the sex trade wear and wish to have some too so they join in. - Female, FG 4.*

A second case of “consensual” peer trafficking recruitment is described below in which the trafficker explicitly informs the target of peer trafficking about the kind of job she was being recruited into.

*My sister use to have a shop here so I was staying with her and helping sell at the shop. It came to a point where almost every day, my sister will complain about one thing or the other being lost. I became very worried about what was happening and would often go to a "sister" (friend) of mine and tell her my problem most often I will be crying. One day I went to complain to my friend and she told me that, this is the kind of job I do (prostitution) to get my daily bread and that if I am interested she will take me along to Kumasi-Adum. Initially I was scared but she told me they "use condoms." So I had to travel with her to Kumasi and engaged in prostitution. I stayed in Kumasi for about 4 years but while I was there, I have been visiting home often. After 4 years, when I came back I decided not to go back to Kumasi again. – Female, FG 3.*

Due to their strong influence in the study area, peer friendships are used as one of the means of recruitment into the commercial sex human trafficking trade. Poverty, wanting to belong, and the quest for material things associated with belonging to a particular class of friends, impact the decisions and actions of some “consensual” peer trafficking targets which, sometimes leads to dire consequences. Similar to assertions made in studies by Anarfi (1993) and Thomas et.al. (2010),

narratives from research participants indicate that peer traffickers in the Manya Krobo area are very strategic in their modus operandi. They usually lure their victims during large gatherings (e.g. festivals and funerals) where they are sure to attract the attention of peers through the display of opulence.

### 6.1.3 Destination Trafficking

The quantitative data analysis (presented in chapter 5) shows relatively high unemployment (15.2%) and poverty levels (69.9%) among research respondents. These phenomena naturally fuel labor migration in the study area. Some labor migrants in their pursuit of alternative livelihood options fall prey to traffickers' in their place of origin. Others are, however, trafficked at the destination locations. Labor migrants who move from places of origin to destination locations on their own to take up jobs promised them by friends or relatives, but in the process are trafficked at the destination location by unscrupulous employers, experience what I refer to as *destination trafficking*. The *destination trafficked* persons in this study often moved to the destination sites because they have a contact person (friend or relation) at the destination location who has promised them a job. Upon arrival at the destination area, the host introduces the migrant to menial jobs (such as working in chop bars, drinking bars, or as house help). Through the process of finding means of surviving in their new environment, migrants get abused and exploited. *Destination trafficked* persons predominantly face labor exploitation, although some experience sexual abuse and forced prostitution. The following excerpt from an in-depth personal interview depicts destination trafficking and the forms of trafficking experienced.

*..... I went there (Accra) because of my friend .... she told me her sister is the woman she was taking me to... She sells food, like a chop bar ... so I was helping her to sell. When I went in the year 2000 the woman said she will pay me 3,000 cedis a day (GHC3.00). I told her it was not enough so she should increase it. The woman said she does not*



*understand that I said the pay was too small so If I want I should stay and work, if not I can leave. .... and the woman told me she was going to sack me because I have embarrassed her. I begged and begged her but she packed my things and she gave me about eeh, eeh, 300,000 cedis (GHC30) and I left.... I worked for about one month before the woman sacked me. ...When I came back here, I decided to go back (to Accra) again. ...I met one Sister when I was working at the chop bar, she used to come to the chop bar to buy food. When I went back, I met her and she said I can live with her and she will look for a job for me. So she discussed my case with another sister who told her there is a school in the area and the madam cooks for the School children so the madam wanted someone to help with the cooking. So I did not spend up to a day with this sister and I had to leave to the madam's place at eee,, eee, Mallamatta (a suburb of Accra). When I went there, in fact the treatment the woman meted out to me is over my strength but when I complain, she will insult me... I was the house help taking care of her children and the house, as well as helping her cook and sell the food to school children, yet I was not paid a pesewa. Although I help with cooking and selling the food, getting food to eat was a problem. The women will give me food at the time she wants... – Female, IDI 7*

This particular account was part of one of the emotionally draining interviews I had to deal with during the research. This participant had gone through a lot and sobbed throughout the interview; I tried hard to hold back my own tears. After the interview, I took a break for about three days to deal with my emotions. Due to poverty, her parents could not financially support her to set up her dressmaking shop after completing training in dressmaking. After some years of unsuccessful attempts at getting employment in the study area, Peace (pseudo name), was promised a job by a friend and she traveled to Accra to work. In Accra, she became desperate and vulnerable as she had nowhere to sleep and had no money. She kept moving from one menial job (working in chop bars and as house help) to the other. Her employers took advantage of her vulnerability and exploited her labor. She worked long hours and was either underpaid or sometimes went without pay. In the end, a young guy in the neighborhood who had been monitoring Peace offered to help her out of her misery but ended up raping her. Peace is living with HIV/AIDS, and she is not sure how and where she got the disease, but it is possible she got infected during her period of movement as she was exposed to conditions that might have led to this health outcome.

In this case, Peace made a decision to migrate to Accra. There were no traffickers involved in her movement from area of origin to the destination area. Her predicaments began when she arrived at the destination town. In her desperation to make a living, she became a target of labor exploitation and sexual abuse. The following excerpt from one of the personal interviews is another example of *destination trafficking*:

*'... in the midst of this confusion in the house one of my uncle's children from "Kade" came to the house and seeing the situation in the house, told me I should join her at "Kade" and work. I asked her what kind of work? She told me some white people have cultivated palm plantation there so they have been employed to work on the plantation. Because of the situation in the house, I agreed to go and join her at Kade. When I went truly, she managed to secure a job for me on the plantation. I was working there for a while and I met this guy one day on the plantation and he asked me why I am doing such a hard work on the plantation? ... It was a difficult job to do, we worked long hours. I told him all my problems and he promised to help me ... To be frank, if I was doing okay, I would have asked him to wait so that we can take our time to "study" each other well before talking about marriage but because I was facing difficulty and he promised to help me that is how come I fell for him. I was really in a difficult situation at that time. My mother was not taking care of me; my mother was an alcoholic so it was just my grandmother who was struggling to take care of me so when I met this guy who said he will help me I then said okay but after a while he began to maltreat me' – Female, IDI 6.*

Maku (pseudo name) had to migrate to Kade (a town in the eastern part of Ghana) as a result of the financial stress on her grandmother who was taking care of her at the time. Confronted with difficult conditions at the destination area, Maku gave in to a man who promised to help her but first wanted to be intimate with her. This guy not only abused her sexually but also infected her with HIV. In both cases, the people involved were not trafficked at the place of origin; they made the difficult decision to move by themselves and no one was physically involved in transporting or transferring them to the destination area, and neither did their initial movement involve deception.

These scenarios raise some key questions. First, they raise questions about ambiguity in the UN human trafficking protocol (2000) (discussed in Chapter 3). The lack of explicit stipulations on the principal elements of the protocol allows for different interpretations by researchers and national lawmakers. For instance, the U.S has adopted an interpretation of the UN trafficking definition de-emphasizing movement (i.e. transporting of a person from an origin to a new location) in favor of force or coercion exercised by a person on another to attain submission and compliance. I agree with Chuang, (2006a) that although shifting the focus of trafficking away from the element of movement or transfer may perhaps draw some attention to other spheres of trafficking (such as forced and exploitative labor), it would also mean placing less emphasis on the fact that human trafficking is a crime perpetuated “during migration and against migrants” (p. 152). Framing human trafficking in this way, therefore, promotes a narrow understanding of trafficking that decentres attention from its labor migration roots and consequences (Chuang, 2006a:152).

Likewise, there is controversy surrounding how to distinguish between forced laborers who are trafficked and those who are not (Laczko, 2009:13-14). For instance, the ILO (2005b) global report on forced labor, indicated that there were an estimated 12.3 million people in forced labor, among whom, trafficked person’s account for about a quarter of the total, 2.45 million. The ILO and European Commission (EU) established sets of criteria in 2009 to assess human trafficking cases (Discussed in detail in Chapter 3) however, help to clear some of the confusion.

Another concern arising from the findings of this study attends to assertions in sections of the migration and human trafficking literature that all migratory movements resulting in human trafficking involve deception and coercion (see chapter 3). The examples of Peace and Maku and several other cases observed during the period of this research indicate that often, the initial

decision to migrate is made consciously. In some cases, research respondents did not have any contact at the destination area but took the risk of trying to escape the misery and suffering at home. Limanowska (2005 [cited in Chuang, 2006a: 144 and 158]), in her study on human trafficking in South-Eastern Europe (SEE) observed that socioeconomic factors play a strong role in the decision to migrate, in spite of the aggressive public sensitization in the region on the risk of migration. Limanowska stated that rather than dissuading risky migration, public awareness campaigns have been “dismissed by their target audience as rich countries anti-migration propaganda” - despite appreciating the risk portrayed in these campaigns (p. 158). For Chuang (2006a) this underscores the profundity of the migrants’ need to migrate and the extent to which they are willing to risk to achieve this goal. It also illustrates governments’ continued failure to understand fully the influence socioeconomic forces have on migratory movements (p.158). What governments and researchers should be concerned with, therefore, are the structural socioeconomic factors such as unequal opportunities, poverty and diminishing livelihood opportunities compelling survival migrants to make risky migratory choices that render them vulnerable to traffickers in the first place (Chuang, 2006a).

## **6.2 Forms of Trafficking: Lived Experiences**

Human trafficking expresses itself in various forms. Victims of trafficking usually experience forced prostitution; sexual abuse; forced participation in pornographic production, forced labor and labor exploitation; debt bondage; and slavery, among a host of other forms. In order to determine whether the high migratory movement in the study area has elements of trafficking and whether human trafficking contributes to the spread of HIV/AIDS among research participants, in-depth personal interviews were used to further probe this theme by asking

questions relating to personal experiences of trafficking and how respondents got infected with HIV/AIDS.

Drawing on the literature review, the human trafficking framework and the ILO operational indicators for human trafficking (discussed in chapter 3), elements or forms of trafficking were highlighted, and their links to HIV/AIDS infection analyzed. Different forms of trafficking were evident in some of the narratives of respondents. Although some respondents suffered forced prostitution, sexual abuse and pornographic exploitation, the majority endured labor exploitation. The study also observed that a trafficked person could exhibit more than one form of abuse at the hands of one or several perpetrators. Korkor (pseudo name) one of the interviewees in the in-depth interviews, is an example of a victim who suffered various forms of abuse from different perpetrators, which resulted in her being infected with HIV/AIDS. The following is a summary of Korkor's story.

Korkor, after completing Junior Secondary School (JSS), desired to further her education, which her parents could not afford. Her sister, who was living in Accra (capital of Ghana), invited her to Accra so she could find a job for her. While in Accra, she got a job as house help and a kitchen hand at a Chinese restaurant. She worked long hours with little pay and was sexually abused by the owner of the restaurant. Narrating her experience, Korkor said when her boss's children were away at school in the morning and his (owner's) wife was out to shop for the restaurant, she (Korkor) would go to clean her boss's room as was part of her daily chores. In the process of cleaning the room, her boss would force her to perform oral sex on him. According to Korkor, after the act, the man would warn her not to mention what had happened to anybody or else she would lose her job. Her boss's wife, narrated Korkor, was strict and very mean so she was

scared to tell her what was going on; neither did she mention the abuse to anyone. This went on for a while until the restaurant was closed down due to non-payment of utility bills.

Korkor returned to the Manya Krobo where she met a man who lived in Togo and had promised to get her a job if she went with him to Togo. Upon arrival in Togo, this man attempted to force her into prostitution but she refused. Later she met another man who also promised to help her. This man used Korkor's position of vulnerability to sexually exploit her and almost succeeded in pushing her into prostitution in Holland, had it not been for the fact that she was arrested and detained for a week in a Holland cell for using fake documents which were processed for her by the man in question. Korkor is HIV positive, and she suspects she got the disease from the man who sexually exploited her in Togo. When asked of the where- about of the man, Korkor intimated that he passed away some few months after she was deported from the Netherlands. The following is an excerpt from Korkor's interview:

*...When my JSS result came out, my father told me he did not have money to support me to further my education. My sister was then living in Accra so she told me she had secured a job for me so I should come to Accra ...she took me to Accra to work in a Chinese restaurant at Cantonments. The restaurant shares a wall with NAFTI. I was working as a house girl for the restaurant owner. The house where the owner lives is attached to the restaurant so after I finish working in the house, I go and work at the restaurant as well. I was responsible for washing the table cloths and napkins at the restaurant. After working there for a while the restaurant was closed down because the owner could not pay his bills like his electricity bill. So I had to leave that place since I did not have anywhere to live. ...The problem I faced there (Chinese restaurant) was that, the woman (manager's wife) will leave early in the morning to the market to go and shop for the things that would be needed at the restaurant. They had a young daughter who was schooling at Ghana International School at Cantonments so I get up early in the morning and prepare her for school. Then I will wash and clean the house. The man does not go anywhere; he is always in the house. So the man will be in bed at that time when I have to go into his room and collect dirty things to wash. Any time I entered his room he will force me to perform oral sex with him. I did it several times because he threatened me that if I refuse to do it he will tell his wife to sack me. His wife is very harsh, the little mistake you make, even when you iron and burn a cloth or you are washing dishes and break a plate she will deduct it from your pay. Anything that you damage will be deducted from your pay. So I was scared of the woman. This thing (oral sex) went on*

*until the restaurant was closed down. When the restaurant was closed down there were outstanding payments due to us but they refused to pay us.*

Korkor's unemployment status, lack of sustenance and financial pressures rendered her vulnerable to further exploitation by other traffickers. This became evident as Korkor continued her story; below is an excerpt from her narrative:

*So from there, I came back here, dome (Many Krobo), I was here when I met this male friend of mine who lives in Togo but comes here from time to time. I told him about my situation and he convinced me that when I go with him he can get me a job. I agreed and went with him, when we got there where to sleep was even a problem...at the end of the day, it was a hotel he got for me and his intention was that I have to work and pay the bills. He then introduced me to a certain girl also staying at the hotel. He told the lady that I am a sister to him so she should take care of me. I realized that every evening this lady will dress up and head to town. One day she invited me to go with her but I refused. I became confused. It was later on I got to know she was into prostitution. The following day I called the guy and told him that he should take me to the job he promised me. For some minutes, he could not tell me anything then he said there are jobs but I have to get into town. ..., In the process I met another guy who also introduced me to another man... This guy was living in a big house with some other people so he made me to move in with him but before I realized we were living as boyfriend and girlfriend. As he promised to help me, he did actually bring me to Ghana and secured a passport for me and did all the papers for travelling and then we went back to Togo. He did everything with his own money because I did not have money. Then it was time for me to travel, I went through Togo, ... He gave me the name and address of the person who will come for me at the airport but did not tell me the type of job I will be doing. When I got to Holland and they looked at my passport, they told me the picture in the passport is not me. ... So I was put in cells for one week and then deported back to Togo.... It is very difficult to know the exact place where I got the disease but sometimes I think I got it from Togo.... I think very much that it will be from him. Female, IDI 02.*

In this case, Korkor experienced three forms of abuse (exploitation, sexual abuse, and a near miss forced prostitution had she not been deported) from three different perpetrators, which finally resulted in her being infected with HIV.

In another in-depth interview, Mensah (pseudo name) narrated his experience.

*... I went to Ivory Coast in 1985... I was here in this town (Many Krobo) and I was facing so much difficulty. So I said to myself I am here in Ghana and I am not even getting a job to do, yet I have to eat and do other things. So as I saw other people traveling, going and coming, I also decided to travel. A male friend of mine came down from Abidjan and told me he was going back so if I want to go, he will go with me. He*

*asked me to look for some money and he will support me with the rest. I said okay and truly I looked for money and he supported me with the rest and we went. When we got there, he asked me to pay back the money he supported me with, he even doubled the amount so this brought some quarrel between us. So jobs that under normal circumstances I would not do, I had to do them by force in order to raise some money and pay this guy. When we went at first, he hooked me up with a certain woman and I was asked to work in a hotel. And my duty is to wash the soiled beddings after people have come to have sex in the hotel. Sometimes I have to wash linens that had been soiled with sperm and menses. This was just too much for me, when I go to bed I am unable to sleep. I decided this is not the type of job I should be doing so I decided to leave the job. This also brought a huge quarrel between my friend and I.... I left and started my own business by building... I stayed in Ivory Coast for a long time. I spent almost 20 years in Ivory Coast. I came back to Ghana when I fell ill... I will say that it is (got the disease) through dating rich older women sometimes against my will in order to get some support... – Support group leader IDI, Male.*

In Mensah's case, Kofi (pseudo name), his friend might have doubled the cost of transporting him to La Cote d'Ivoire as a ploy to keep him in perpetual slavery to the hotel manageress because he knew Mensah could not have raised that amount of money. Meanwhile, in the discussions prior to their departure from the place of origin, Kofi indicated that his contribution towards Mensah's cost of travel was his personal support to him, meaning it was free. Mensah would have continued to remain in debt bondage if he was unable to pay back Kofi's money.

The following recap from an in-depth interview with Sooyo (pseudo name) shows how labor exploitation exposes labor migrants to further exploitation. Sooyo was living with her partner (cohabiting) at Manya Krobo when he decided to migrate to Ashiaman in search of a job. After three years of living at Ashiaman, Sooyo's partner invited her to join him at Ashiaman as he was in the process of securing a job for her. Excited about the job opportunity, Sooyo went to Ashiaman to join her partner. Not only was Sooyo disappointed that her partner did not have any job for her, but she also discovered that there was another woman in her partner's life, upon arriving at Ashiaman. When the other woman who had travelled during the time of Sooyo's visit



came back a few days after Sooyo's arrival, Sooyo's partner asked her (Sooyo) to leave, to her surprise. Having nowhere to go and determined not to go back to the poor conditions in Manya Krobo, she sought the help of a friend who allowed her to sleep in his drinking bar after the shop had closed for the day. This meant that she slept very late and woke up very early to go to her chop bar work where she worked long hours yet was not paid regularly. The owner of the chop bar verbally abused and exploited her labor. As a result of the difficult situation Sooyo found herself in, when her partner (after throwing her out of his house) came to woo her back after the other woman had left him, she willingly agreed without hesitation. Sooyo moved in with him again only to be knowingly infected with HIV by her partner. This is what Sooyo said when we met for the in-depth interview:

*... I went to Ashiaman...the man I am currently with was there and he asked me to come and join him but when I went things did not go on well. ... Not knowing he was living with another woman so when I went, things did not go well ...I was working at a chop bar but I had to leave and come back here (Manya Krobo) ....It was not easy. You have to go to work at 3 o'clock a.m. (at the chop bar). If you get there 4 o'clock" you will be told you are late and you will be sent home. Sometimes when I am sent home, I will go and buy some oranges to sell. It will take you a hell of time walking around before you might be able to make a sale.... Sometimes you will work for two weeks before she will give you one week's pay. Some of my sisters travelled, they went to Abidjan and came back only to die so when I went to Accra I decided I will continue to work at the chop bar although the conditions were not good. Our madam insults us but you are away from home and you do not have anything else to do, you have no choice than to stay in it ....When the other woman came back from her home town, my husband told me that he was living with the woman but the woman left him so he did not know she was coming back so I should come back here (Manya Krobo) but I said no I will rather look for a job to do ...I met one of our tribe mates who operates a beer bar so I sleep in the store and then early in the morning I will get up and go to work ...My husband was sick, so when the girl (other woman) took him to general (Tema General Hospital) she got to know my husband's HIV status and left him but I did not know. So when he felt a little better, he came back to me and took me home. When I move in with him about a year, he started falling sick on and off. Until one day he fell very ill and had the symptoms of high fever so I called his brother and we took him to Tema General Hospital...When we went, the nurses were very angry with him but I did not know why. They then told me that my husband has HIV and that he has been to the hospital before and he was told of his status but did not take their instruction ...So when we came here (Manya Krobo), I was also tested but I was told that I had it (HIV) but it had not manifested much (not AIDS) so I should take good care of*

*myself. So my husband was put on medication for about "5 years" before I started my treatment.* ' – Female, IDI 05.

Sooyo experienced both verbal abuse and labor exploitation at the hands of her employer. Not only was she not paid well but her pay was also irregular. The labor exploitation suffered at the hands of her employer put Sooyo in a position of vulnerability, which her partner took advantage of, and ended up infecting her with HIV. At the time Sooyo's partner came back to reconcile with her (after abandoning her for about two years), she had no decent accommodation and was also facing serious financial challenges as her chop bar job was not earning her much despite the long hours of work. Sooyo stated that probably she would not have reunited with her partner had she not been facing such a difficult time at the destination area and perhaps then she would not have been infected with HIV. And maybe Sooyo's partner would not have been infected had he not migrated. Labor exploitation, therefore, could lead to further or other forms of manipulation of survival migrants with disastrous health outcomes.

Another form of human trafficking recounted in one of the focus group discussion (FGDs) was that connected to pornographic exploitation. Mary (Pseudo name) related the horrifying experience of her friend Kanie (Pseudo name) in the following interview excerpts.

*A woman came and took a friend of mind to Takoradi to work. When they got to Takoradi, the woman handed my friend over to her husband. They live in an enclosed house, no one was allowed to go out and there were other women in the house. What happens is that the woman's (Madam) husband had a number of dogs and they will put on pornographic movies for the dogs to be watching and make the girls take turns in having sex with the dogs. The man filmed the sexual encounters with the dogs. They make movies out of it and sell them abroad; the girls are paid for their services. My friend is back and currently lives at Akosombo. I advised her not go back and asked her to go and test for HIV. She told me she did but was negative.* – Female, FG 3

Evidence from this study suggests that human trafficking involves varied forms of exploitation: forced prostitution; sexual abuse; verbal abuse; exploitative labor and using victims for

pornographic production, which is consistent with the literature (Bastia, 2006; Popli, 2008; Okojie, 2008). Additionally, a trafficked person could be confronted with one or more forms of abuse or exploitation, either from one or several perpetrators. As evident in the narratives of respondents in this study, labor exploitation renders victims more vulnerable to the exploits of other perpetrators. In an attempt to escape the poor conditions of work at the hands of one perpetrator, victims end up in more dangerous situations that sometimes lead to health consequences (including HIV infection).

Although human trafficking occurs in other spheres (such as trafficking for forced labor), considerable attention has been devoted to trafficking for sexual purposes despite the ILO (2012:13) estimates indicating that there are about 20.9 million victims of forced labor worldwide. Attempts have been made by some scholars (Chuang 2006a:153-154) to explain why sex trafficking seems to have received so much attention from anti-human trafficking actors. The outrage provoked by offensive images of women held captive in sex trafficking incites global efforts to combat the phenomenon (p. 154). Furthermore, sex trafficking undoubtedly falls within the criminal justice domain of anti-trafficking strategies (more in line with the abolitionist position discussed in Chapter 3). It, therefore, makes sense that sex trafficking would dominate anti-trafficking discourse because such an outlook makes criminalization of sex work acceptable and shifts the blame from the institutions and countries supporting human trafficking.

The argument could also be made that, perhaps, labor trafficking is not generating the necessary global response because some countries and Multi-National Companies (MNCs) are dependent on the exploitative labor of migrants and trafficked persons for their survival. Sassen (2003) asserts that the current configuration of the international political economy has caused a number of states, MNCs and households to rely on women's migratory labor for their economic

subsistence. Poor countries in the global South faced with mounting foreign debts and rising unemployment often adopt growth strategies including attracting direct foreign investment from MNCs who often sacrifice labor standards (Samarasinghe, 2003:94), as was the case in Mexico with the “maquiladora” factory workers and under the export processing zones (EPZs) in most developing countries, including Ghana (McMichael, 2008).

Another strategy used by poor countries to attract much-needed foreign currency earnings is to rely on their “comparative advantage in the form of women’s surplus labor” by encouraging women to seek employment in rich countries in the global North (Sassen, 2003; Samarasinghe, 2003:99; Chang, 2004:241-252). A case in point is the “Filipinos for the world” program launched in the year 2000 by President Gloria Macapagal-Arroyo, which later became known as the “Overseas Contract Workers” (OCWs). Under this program, females were recruited overseas for a variety of occupations (including as health care providers, domestic workers, mail order-brides and entertainers) in rich countries like the United States and Canada, where they ran the risk of being trafficked into prostitution (Chang, 2004: 240-243; Samarasinghe, 2003:95). Remittances from overseas Filipino workers in 1994 were estimated “at \$3 billion, enough to cover the entire interest payment on the country’s foreign debt that year” (Chang, 2004:243). In recent times, the tourism industry, which is associated with recruitment of trafficked women for the entertainment of tourists, has emerged as one of the hot investment spots for poor countries to generate foreign capital (Bishop and Robinson, 1998).

The danger of over-emphasizing sex trafficking is that, less attention is placed on the risks facing a significant number of labor trafficked persons like those in this study. At the same time it “diverts attention away from states’ responsibility” to ensure safe labor standards (Chuang,

2006a:154) as the state has become an active participant in promoting sex tourism and protecting MNC who flout national laws.

Findings of this study dispute the argument advanced in sections of the literature on globalization and, international migration and trafficking. Some scholars (Jordan, 2004; ILO 2005b; Popli, 2008) assert that the impact of globalization (such as inequalities between and within countries; restriction on labor movement and border protectionism) facilitates the illegal trade in humans across international borders. This study's findings suggest that the effects of globalization equally promote internal migration and trafficking. As security becomes tight at international borders (border protectionism), making it difficult for traffickers to ply their illegal trade in that direction, internal trafficking (trafficking within countries) becomes less risky but still a lucrative option for them. Internal migration and trafficking is, therefore, as complex and problematic as the international dimension, especially in an era where the forces of globalization keep shifting against their own human by-products, labor migrants. Internal migration and human trafficking thus deserve more attention, particularly in developing countries where development (in terms of social services, amenities, infrastructure and job opportunities) is not evenly spread.

### **6.3 Link between Internal Human Trafficking and HIV/AIDS**

Previous studies have observed that labor migration and human trafficking overlap as most targets for trafficking are migrant workers who leave their country to seek work opportunities abroad (Bastia, 2006:27; Okojie, 2008:155; Sassen 2000:515; ECLAC, 2002:230; Kempadoo, 2001; Desyllas, 2007; Sassen, 2003). The literature also notes the vulnerability of trafficked persons to sexually transmitted diseases, including HIV/AIDS (Samarasinghe, 2003), due to the often deplorable and exploitative conditions under which migrants work in destination countries or locations.

The results of this study indicate a high internal migration rate among respondents (63.1%). The evidence from the narratives presented in this chapter suggest some relationship between internal migratory movements and human trafficking, as a significant proportion of respondents who had ever migrated reported having engaged in exploitative activities such as labor and sexual exploitation. Of the 35 respondents who indicated in the structured questionnaire interviews that they had ever migrated, eight gave reasons for returning to places of origin as being (sick) infected with HIV/AIDS, three because they could no longer bear the exploitative conditions under which they were working, and twelve due to the inability to secure a job (see Chapter 5). It is also worth noting that while eight people stated in the structured questionnaire interviews that they were infected with HIV/AIDS at a destination town or country, four other respondents in the in-depth interviews made similar statements, bringing the total number of respondents who were infected with HIV/AIDS in destination sites to twelve.

Further investigations through the face-to-face in-depth interviews and analysis of the interview data revealed that six of the twelve research participants who returned to places of origin due to HIV/AIDS infection were actually infected as a result of sexual exploitation and labor trafficking (due to positions of vulnerability), four of whom were internally trafficked. The evidence, indicate some relationship between human trafficking and HIV/AIDS. This means that human trafficking seem to have contributed to the spread of HIV/AIDS among research respondents.

However, the general dearth of knowledge on human trafficking issues prevented trafficked persons from reporting such cases to anti-trafficking organizations. The majority of trafficked persons reported their experiences to friends and family members who never took up their cases. Apart from lack of awareness of human trafficking, some respondents stated reasons

for not reporting as embarrassment, fear of reproach or attack from perpetrator, lack of confidence in the police to pursue the case, no money to follow through, and in the case of child survivors, parents seeing their children back alive alone as enough to forget about reporting. The high level of ignorance about human trafficking and the unwillingness to report cases may have contributed to promoting the illegal activity in the Manya Krobo area.

The current lack of interest on the part of trafficked persons to report human trafficking abuses also suggest that the current criminal justice approach towards combating human trafficking in Ghana (discussed under the UN protocol in Chapter 3), based on the “interrelated triple thrust of ‘prevention’ of the act of trafficking, ‘protection’ of victims of trafficking, and ‘prosecution’ of perpetrators of trafficking” (known as the “three Ps”; Samarasinghe, 2003:91), may not achieve the desired result if concerns over the “three R’s” – rescue, rehabilitation and reintegration are not equally addressed (U.S Department of State TIP, 2005). A trafficked-persons-centered approach (usually based on the “three R’s”) would provide stronger protection for the human rights of trafficked persons and most importantly, prevent possible re-trafficking of targets.

The study’s findings also show that one of the causes of the HIV/AIDS epidemic in the study area is labor migration. The economic stress on the poor, mostly unskilled survival migrants, who are desperate for employment opportunities, makes the prospects of any job highly appealing. Hence, the dire need to survive in an unfamiliar environment often compels respondents in this study to engage in “alternative survival circuits” (such as prostitution, enduring sexual abuse and labor exploitation) which have long-term health implications. Chuang (2006a) argues that the socioeconomic forces pushing and pulling migrants towards risky labor migratory movements are not fashioned by traffickers, so much as the impact of economic globalization. Traffickers, being opportunists by nature, only cash in on the vulnerabilities of migrants to make profits (p. 141).

Analyzing the factors that condition high migration in the Manya Krobo area, it becomes apparent (in line with Chuang's argument) that most of the factors are often produced effects of the harsh neoliberal economic policies (e.g. SAPs) associated with economic globalization. SAPs, which were imposed on developing countries by the international financial institutions-IFIs (such as IMF and the World Bank), place restrictions on expenditure on public services including cutbacks on spending in education and health sectors, and freeze on public sector employment (see Chapter 2). In the course of this study, I interviewed respondents whose reason for migrating (and getting infected with HIV/AIDS) arose because they dropped out of school or could not further their education due to financial constraints.

The situation in the Manya Krobo area is parallel to Mbembe's (2003) assertion in his article on "necropower," that the modern world in an era of globalization defines "who matters and who does not, who is disposable and who is not" (p.27). In essence, by their draconian policies, the IFIs decide who should have access to education and who should not, who should live with HIV/AIDS and who should not. Borrowing from Mbembe (2003), modernist models of development "create death-worlds" for the Manya Krobos, where they "experience a permanent condition of being in pain" (p.39-40) which includes the pain of unemployment, poverty, illiteracy, prostitution, hunger and disease. To be effective, therefore, anti-trafficking strategies must tackle the illegal trade in humans within this broad socioeconomic context –by dealing with the underlying conditions, which compelled research respondents to leave their homes in search of viable economic opportunities.

#### **6.4 Chapter Summary**

The main aim of this chapter is to determine whether migrants from the Manya Krobo area experience human trafficking and if human trafficking contributes to the spread of HIV/AIDS in



the area. Thematic analysis of the focus group discussions (FGDs) and face-to-face in-depth interviews informing this study reveal that three types of human trafficking recruitment methods can be found in the Manya Krobo area, categorized broadly as child, peer and destination trafficking. Evidence from this study also suggests that research respondents experienced varied forms of human trafficking and exploitation such as forced prostitution, sexual abuse, verbal abuse, pornographic exploitation, and labor exploitation. Additionally, trafficked persons in this study presented one or more forms of abuse or exploitation, involving one or sometimes several perpetrators. This is because, in an attempt to escape labor exploitation and poor conditions of work at the hands of one perpetrator, trafficked persons end up in a more dangerous trap, which sometimes leads to health hazards, including HIV infection.

Furthermore, based on narratives from focus group discussants and the face-to-face in-depth interviews, the study concludes that there are indications that human trafficking contributed to the spread of HIV/AIDS among research respondents. However, further research with a larger sample size is needed to validate this conclusion.

The general dearth of knowledge on human trafficking issues prevents trafficked persons from reporting such cases to anti-trafficking organizations. The, majority of the targets for trafficking reported human trafficking experiences to friends and family members, but not to law enforcement agents because of fear of reprisal or lack of trust in the law enforcement system.

Some interesting observations were also made in the analysis and discussions in this chapter. Contrary to the assertion that deception and coercion underlie all migratory movements resulting in human trafficking, destination trafficking and several other cases observed during the period of this research indicate that, often, the initial decision to migrate is made consciously and without direct interpersonal coercion. Chuang (2006a:141), nonetheless, warns that the decision

to relocate or move cannot be explained in simple terms as a personal choice; rather an understanding of this decision should take into consideration the socio-economic factors that often drive migration, such as unequal opportunities, poverty, underdevelopment, gender violence and unemployment.

Chapter 7 outlines and discusses “other” factors, besides migration and human trafficking driving the proliferation of HIV/AIDS in the Manya Krobo area.

## CHAPTER 7

### **THE DYNAMICS AND COMPLEXITIES: OTHER FACTORS MEDIATING THE SPREAD OF HIV/AIDS IN THE MANYA KROBO AREA.**

#### **7.0 Introduction**

As already highlighted in the preceding chapters, there are indications from the study's findings that suggest that migration and human trafficking contribute to the spread of HIV/AIDS among research respondents. However, these are not the only factors influencing the explosion of HIV/AIDS cases; other complex cultural and socio-economic forces also drive the epidemic in the study area. The main goal of this chapter is to outline and discuss the “other factors” contributing to the high incidence of HIV/AIDS in the study area and to provide answers to research question 3: In addition to migration and human trafficking, what other factors contribute to the spread of HIV/AIDS in the Manya Krobo area?

To achieve this objective, the chapter is divided into two sections: the first part is devoted to discussing “other” factors that emerged from the study results as facilitating the proliferation of HIV/AIDS in the study area. The second section explores the functions of PLWHA support groups and the challenges faced by PLWHAs in the Manya Krobo area. It is important to highlight the functions of the PLWHA support groups to appreciate how the dwindling financial capacity of the groups directly impacts on the welfare of PLWHAs and the community in general. Similarly, discussing the challenges confronting PLWHAs offers more insight into the complexities of their situation, and stresses the urgency with which these problems need to be addressed in order to alleviate the pain and misery of the people.

## **7.1 Other Factors Facilitating the Proliferation of HIV/AIDS**

Several factors inform the high prevalence of HIV/AIDS in sub-Saharan Africa (SSA). Extant studies point to labor migration, human trafficking, unemployment, poverty, gender violence and cultural norms as some of the factors associated with the different rates of HIV/AIDS prevalence among nations (Guillies et al., 1996; Berry, 1993; Cohn et al., 1994, Zanakis et al., 2007). Labor migrants and trafficked persons are often exposed to health risks due to the appalling conditions under which they live and work. Furthermore, women seeking job opportunities and better livelihood options may resort to “alternative survival circuits” (including prostitution) as a viable survival choice; these options, however, subject the actors to sexually transmitted Infections (STIs) including HIV/AIDS.

Poverty, on the other hand, creates situations of vulnerability to infectious diseases. Poverty not only facilitates the transmission of HIV/AIDS but can also impoverish people in such a way as to aggravate the epidemic (Collins and Rau, 2000). Furthermore, some cultural beliefs and practices also subject women and children to a position of vulnerability, which, in turn, can lead to poor health conditions.

This study has identified “other” factors (in addition to migration, human trafficking, unemployment and poverty) facilitating and exacerbating the spread of HIV/AIDS in the Manya Krobo area, as stigma, living in denial of HIV status, non-disclosure of infection, increased cases of rape, unprotected sex, remarriage after the death of a spouse (widows and widowers), shortage of HIV/AIDS testing kits, proliferation of microfinance institutions and entertainment centres, and cultural practices. In the pages that follow, analyzes and discussion of these factors are presented.

### 7.1.1 Stigma, Living in Denial of HIV Status, Non-disclosure

A common situation in most parts of the world, HIV/AIDS stigma constitutes a problem in the Manya Krobo area. Stigma can be expressed in a variety of ways, including avoidance of HIV+ people; discrimination against people living with AIDS by family and community members; mandatory HIV testing without prior consent from individuals; and unenforceable “confidentiality protections” (Ekstrand, 2006). HIV/AIDS stigma not only adds to the tensions experienced by people living with HIV/AIDS, but also leads to challenges for HIV/AIDS prevention efforts. Some people scared of the social consequences of testing positive for HIV defer getting tested (Tenkorang and Owusu, 2010). Similarly, due to the negative social effects of testing positive for HIV, some people utterly reject the results of the test – and do not believe they have HIV, living in total denial of the reality (Inungu and Karl, 2006; Rankin, 2005). Individuals who do not know their HIV status because they have not been tested and those in denial of their HIV status are less likely to live healthy lives, such as eating well and taking medication. HIV stigma and discrimination can also lead to non-disclosure of HIV+ status or the non-use of condoms. Ekstrand (2006) notes that fear of being shunned or rejected by partners and close acquaintances and “limited sexual opportunities or increased risk of physical and sexual violence” may deter some HIV+ persons from disclosing their HIV status or taking precaution.

In this study, respondents attributed incidence of non-disclosure and denial of HIV+ status to HIV stigma. Although respondents acknowledged that the days where HIV+ persons were isolated (to the extent that when their meals were served, family members instead of handing it over to their HIV+ relations directly, would use long sticks to push the food to them because they did not want any close contact) are long over and stigma has been reduced to some extent, they maintain that stigma still exists in the study area.

Stigma is exhibited by family members, friends, employers some hospital staff and community members. Most, especially PLWHAs are stigmatized by other patients who visit the hospitals; and during the collection of monthly food rations for PLWHA support group members. Some respondents explained that all other patients who visited hospitals in the community were given one folder (i.e. the national health insurance folder) but, PLWHAs were given two folders (in addition to the national health insurance folder, PLWHAs had an additional folder for their personal records). Moreover, PLWHAs did not receive their medications from the same point as other patients. Some of the respondents reiterated that these variations distinguished them from other patients, resulting in derogatory remarks about them. The covert perpetuation of stigma in hospitals further exacerbated their anguish. This is what some focus group discussants had to say about their experience of stigma in the community:

*As a PL<sup>50</sup> people might have heard of your condition and will be pointing fingers at you whenever you pass by. I personally faced that problem. When I go around selling my ware, they will be pointing fingers at me and calling me 7 + 1 and others would respond 8s (meaning AIDS). That is one of the reasons why I migrated to Somanya. Even when you sell things members of the community will broadcast you and no one will buy your wares.*  
- Female, FG 3

Another respondent speaks about food rations for PLs and related stigma:

*For instance, at Osonson when we (PLs) meet to collect our monthly food item, some of the PLs come to tell us that they heard people saying that they are coming for their last supper...laughter, laughter.... So due to the stigma, they (PLs) refuse to join the support groups.* - Female, FG 5

There were, however, mixed opinions on the hospital procedures (i.e. different folders and segregated points of prescription medication distribution) as some of the respondents asserted that this was discretely done so that other patients to the hospital would hardly notice any differences.

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<sup>50</sup> PL is an abbreviated colloquialism used by support group members and means people or person living with HIV/AIDS

Yet, others also believe that the processes were put in place for the general good of PLs. The following is a comment from one of the discussants in the FGDs:

*I have been to most of the hospitals and I have not experienced anything like that. They do everything possible to keep our identity secret. Although there are some of the drugs that you have to pick up at a different location, I think it is for our own good. As for me, when I am sick, all I think of is getting the necessary help and not about procedures. – Male participant, FG 4.*

I observed, nonetheless, that most of the participants expressing contrary views on the hospital procedures were people who work in the hospitals, as volunteers (such as models of hope). Hence, they may be protecting the interest of the hospital to maintain the status quo. There is, therefore, need to undertake further investigation into this issue to unravel what the real situation is.

Another concern raised by respondents was the hospitals' requirement of a "monitor" before anti-retroviral treatment is commenced when diagnosed with HIV. The monitor could be a relative or friend (any person of the patient's choice whom he/she trusts and is comfortable with) who acts as a check and support for the PL, ensuring that the PL takes his/her medication regularly, eats well and generally watches out for the PL. Respondents perceive the requirement of a "monitor" as a condition for anti-retroviral treatment as an imposition - a situation which compels them to reveal their HIV status to a third party, most of whom end up disclosing their status to other people, despite being counseled at the hospital against breaking confidentiality. HIV treatment linked to meeting the "monitor" requirement deters HIV+ persons from seeking early treatment or they delay going to the hospital until their condition becomes worse, at which time they would have infected other people or may even die due to delay in commencement of treatment.

The study observed that fear of being stigmatized made some PLs live in denial of their HIV status and blame the hospitals (especially the St. Martin's Catholic hospital, one of those

designated in the Manya Krobo area to provide anti-retroviral treatment) of having the habit of marking patients who visit the hospital with HIV, or blaming it on some form of a curse, or spiritual forces.

Non-disclosure was identified as one of the major factors facilitating the spread of HIV/AIDS in the Manya Krobo area. I was personally confronted with two cases of non-disclosure at the focus group discussion stage of the research. After one of the focus group discussions (FGDs), a participant approached me and asked for a private discussion with me. Mamele (pseudo name) told me she met a man who had proposed to marry her; she was wearing the engagement ring the man had presented to her as at the time we met. Her problem was that she had not disclosed her HIV+ status to her fiancé and wanted my advice. I advised her to inform her fiancé of her HIV status and that it is a crime to knowingly infect someone with HIV. I also mentioned that another option to consider was to consult her counselor for advice. Another participant told me she has a sister who is HIV+ and has been lured into prostitution by her friend. At the particular time she was talking to me, her sister was on her way from Suhum (a town in the eastern region of Ghana) where she engages in the sex trade to spend the African Union-AU holiday with one of her boyfriends who was already waiting for her at home. The dilemma of it all is that her sister is involved with multiple partners and had not disclosed her HIV status to any of her boyfriends. I suggested that Mamele talk to her sister about the criminal implications of her choices and also informed their support group leader to invite her for a discussion and, if needed the sister could be referred to the appropriate agency for support.

In both cases, if the men were not HIV+ and engaged in unprotected sex with these women, they too could be infected with the disease. In a conversation about the underlying factors driving the HIV/AIDS epidemic, the District HIV/AIDS Coordinator at the Atua Government Hospital,



one of several hospitals designated to administer anti-retroviral treatment in Lower Manya Krobo mentioned rape, living in denial and non-disclosure in particular as the main propelling elements. The desire to be socially accepted or to marry and have children, are among the reasons why most HIV+ persons would not disclose their status. The following account from the focus group discussions highlights some of these reasons for not disclosing one's HIV+ status:

*Those of us who have the disease and we are single, it is difficult for us to disclose. The married ones too are scared of being sacked from their marital homes if they disclose. There is one in our group now. She is a PL and her husband is not aware. We have convinced her to disclose to her husband but she said she is scared she will be sacked if she should tell him. So what we plan on doing is to arrange with the doctors to pretend that the lady is sick and should be admitted. So when she is on admission, her husband will be invited to donate blood. When he does that, the blood will be screened and that will be the opportune time to disclose. - Male, FG 5.*

Discussions of factors that would explain the reduction in the levels of HIV stigma in the study area led to some thought-provoking revelations. Research participants acknowledged that education on HIV/AIDS in print and electronic media and the community, particularly during the early years when the disease was first recorded, helped to some extent in reducing HIV stigma. Research respondents, however, attributed the main reasons for the reduction first, to the fact that in almost every household in the Manya Krobo area, there is a person living with HIV/AIDS. Therefore, people are circumspect in stigmatizing or discriminating against other PLs while they have one living in their own homes. Secondly, before the discovery of anti-retroviral drugs, HIV-infected persons deteriorated so fast that their physical appearance alone was enough to raise suspicions, thus increasing stigma and social rejection. However, the availability of anti-retroviral drugs has improved the well-being of people living with HIV/AIDS; hence, the reduction in HIV-related stigma. As long as a person's HIV status is not known to others and there are no physical symptoms to cause censure, stigma is minimized. HIV+ persons who wish to maintain their social acceptance in society may find it difficult to disclose their HIV status even to intimate partners (as

illustrated in the excerpts from the FGDs above), resulting in knowingly transmitting the virus to partners and close acquaintances. It is obvious from the previous analysis that the experience of social rejection, censure, and discrimination associated with HIV may reduce the impetus of people living with HIV/AIDS to lead healthy lives (such as accessing hospital services, eating healthy, and practising safe sex) and this may have accelerated the spread of the virus in the Manya Krobo area.

#### **7.1.2 Increased Rape Cases, Unprotected Sex, Remarrying after Death of Spouse**

Sexual violence against women is often associated with increased vulnerability to HIV infection partly because women are twice as likely as men to contract HIV during unprotected sex with an infected person, and also, because the stress endured during forced sex further enhances the possibility of infection (Ehrhardt et al., 2009). At the time of this research, respondents recounted four incidents of rape in the community, one involving gang rape, and another, sodomy. The young boy who was sodomized tested positive for HIV and one of the perpetrators involved in the gang rape was serving a jail term at the Akuse (a town in the study area) prison. Although women and girls are mostly the targets of sexual violence, boys have increasingly been subjected to sodomy in recent times (Jewkes et al., 2006; WHO, 2010). The link between sexual violence and HIV infection has been well established (Akumetey and Darkwah, 2006; Fustos, 2011:2; Dunkle et. al, 2004) and is also identified in this study as one of the factors contributing to the spread of HIV in the Manya Krobo area.

Likewise, unprotected sex emerged as one of the driving forces of the HIV/AIDS epidemic in the study area. Information and knowledge on HIV/AIDS among the people of the Manya Krobo area is quite high, as the average person is at least aware of what to do or not to do to keep safe from HIV infection. However, knowledge on HIV/AIDS has neither changed the attitudes and

beliefs of the people about HIV nor prevented them from engaging in activities that expose them to HIV infection. Consequently, while some people still believe that HIV is a curse, others have a casual, carefree attitude towards the disease. This carefree attitude is manifested through what research participants referred to as “high promiscuity,” “low morals,” “indiscriminate sex” and “unprotected sex.”

The situation is further compounded during celebrations like funerals and festivals. As to why people would not use protection despite their hyper-sexual activities, the reason given particularly by the youth, according to the focus group discussants (in their own words) is that “all die be die,” literally meaning whether one dies through any other ailment (such as malaria, cancer) or HIV/AIDS, it all boils down to the same death. Others are also of the view that “banana cannot be enjoyed with the peel,” hence the non-use of condoms or protection. HIV and sexually transmitted infections (STIs), nonetheless, have a greater chance of being passed on during unprotected sex. Condom use has been proven in physical and social science studies to be an effective method of preventing HIV and other STIs from being transmitted during sex (Ahmed et al., 2009). The increased prevalence of HIV/AIDS in the Manya Krobo area could, therefore, be explained in part by the high levels of unprotected sex.

Another way to better comprehend the casual behavior towards HIV infection among the people of Manya Krobo is to perceive this behavior as, a result of what I have termed “internalization of the disease as a ‘normal’ way of life.” As already mentioned in chapter 1, the Manya Krobo area is one of the hardest hit areas since HIV/AIDS was first recorded in Ghana in the 1980’s. The Krobos have witnessed and survived the pain of losing whole households of friends and family members through HIV/AIDS-related illnesses. Conversely, they also co-exist with people living with HIV/AIDS and have observed their lives being prolonged, courtesy of

advancement in modern science and availability of anti-retroviral drugs in Ghana. The Krobo people have seen and gone through it all; HIV and the consequences that come with it have become a pervasive practical fact of their lives, hence its “normalization.” This is particularly true, where concrete measures have not been put in place to address the conditions facilitating the spread of the disease (such as poverty, unemployment, migration) in the study area. Where there is normalization or internalization, the impetus for protection against the disease decreases.

Remarrying after the death of a spouse, according to research participants, is another means through which HIV/AIDS spreads in the study area. The high concentration of HIV/AIDS among the Manya Krobos by itself creates a multiplicity of other complex social problems, which further perpetuate the cycle of HIV infections. Examples of such problems arising out of the HIV/AIDS epidemic in the study area are increased levels of: poverty; orphans and vulnerable children (OVC); school dropouts; teenage pregnancies; child delinquency; single parenting and high presence of widows and widowers.

In a recent publication (on *ModernGhanaweb*),<sup>51</sup> the Agormanya market, one of the largest and busiest markets in the Manya Krobo area, was identified as a “hot spot for child labor.” On market days (Wednesdays and Saturdays), countless numbers of children between the ages of 10 and 15 years skip classes to do business (as head porters, i.e. carrying people’s stuff on their heads for a fee) at the market. According to the report, some of the children interviewed identified the “lack of parental support and the need for survival” as the driving forces behind their working at the market. The Queen Mother’s Association in the study area has identified over 1000 children

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<sup>51</sup> Child Labor Booms in Lower Manya Krobo District by Henking A. Adjase-Kodjo (Odumase-Krobo), Regional news, May 18, 2012. Accessed at <http://www.modernghana.com/news/396314/1/child-labor-booms-in-lower-manya-krobo-district.html>. On November, 2012.

orphaned by HIV/AIDS.<sup>52</sup> Similarly, there is a relatively high presence of widows and widowers in the study area whose partners have died from HIV/AIDS-related illnesses. Research respondents stated that these categories of people often remarry without necessarily checking or discussing their HIV status. In this case, if any of these widows and widowers is HIV+, they could infect their new partners. This study revealed that remarrying after the death of a spouse (which is a common phenomenon) without checking the HIV status of new partners, constitutes an ongoing source of the spread of HIV/AIDS in the Manya Krobo area.

#### **7.1.3 Shortage of Testing Kits; Emergence of Micro Finance Institutions; Proliferation of Entertainment Centres**

In HIV/AIDS endemic areas or populations, the constant availability of HIV testing kits is necessary for the early detection and management of the disease (Tenkorang and Owusu, 2010:298). The shortage and sometimes scarce supply of testing kits at health facilities in the Manya Krobo area compel the hospitals to use available supplies on people with the most need for testing (e.g. pregnant women), while all other people requiring testing have to wait until new supplies become available. Even testing for those in most need is suspended where testing kits run out completely. In such cases, pregnant women who may have HIV but are unaware of their status could transmit the virus to their unborn babies without recourse. Similarly, others who do not know their HIV status because they have not been tested could be spreading the disease unknowingly. Considering the high concentration of HIV/AIDS in the Manya Krobo area, the unreliable supply of testing kits could enable the spread of the disease.

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<sup>52</sup> Manya Krobo Queen mothers Association website: <http://manyakrobo.blogspot.ca/>. Accessed November 20, 2014.

Likewise, anti-retroviral drugs do sometimes run out of supply, prompting rationing of the drug. Under normal circumstances, people living with HIV/AIDS are given three months' worth of anti-retroviral drugs on each doctor's appointment date. However, during periods of scarcity, the drugs are rationed and patients are given one or two months' worth instead of the usual three months' supply. This situation, for research respondents, worsens their health conditions, and puts their lives at increased risk by increasing the anti-retroviral default rate among PLs even when the drug becomes available. Although the Ghanaian government have subsidized the anti-retroviral drugs, PLs still have to pay GH¢5.00 (about \$2) for the drug per month or GH¢15 for three months. Secondly, each time patients visit the hospital for anti-retroviral drugs, they have to transport themselves to the hospital. The cost of transportation increases if PLs have to visit the hospital at shorter intervals for their drugs due to rationing, instead of obtaining the usual three-months dispensation.

Additionally, raising GH¢5.00 per a month to pay for the anti-retroviral drugs during periods of rationing becomes a problem as most of the PLs in the study area are poor (see chapter 5) thus, resulting in high default rates. Patients are better able to plan and save money for their drugs if they have a predictable fixed date (i.e. every three months). The situation is even more stressful for older people living with HIV/AIDS as most of them have no reliable sources of income.

Research participants indicated that high defaulting cases had resulted in worsening health conditions and increased mortality from HIV/AIDS related complications among PLs. The regular availability of both HIV testing kits and antiretroviral drugs could help contain the incidence of HIV/AIDS in the study area.

#### 7.1.3.1 Proliferation of Microfinance Institutions

The contemporary idea of microcredit has its foundation in Dr. Muhammad Yunus's (Bangladeshi economist and a 2006 Nobel Peace Prize co-recipient) assertion in the early 1970's that supporting informal businesses or self-employment is a panacea to eradicating poverty and promoting development (Bateman and Chang, 2012). Subsequently, by the 1990s, microfinance was embraced and promoted by international development institutions (such as The World Bank and IMF) in developing countries as a model, which would reduce poverty and stimulate economic development. On the contrary, critiques of the market-driven microfinance model (Bateman and Chang, 2012) argue that it is deadly and catastrophic; and at best "locking people and communities in a poverty trap" (p. 14).

Other scholars (Hulme, 2000; Buckley, 1997; Cohen, 2002; Copestake, 2002; Kabeer, 2003) have also expressed some reservations about the microfinance model as a poverty reduction strategy. First, it is argued that microcredit is a way of "supporting consumption spending" to meet the demands of a capitalist economy; it only enables the poor to provide immediate basic survival needs (Bateman, 2013) and is not necessarily effective at reducing poverty. Secondly, most poor individuals who access microloans often do not have reliable sources of income that can support the repayment of the loans. Many individuals have been compelled to sell personal assets or borrow from friends and family to repay microloans (Bateman and Chang, 2012). Additionally, microfinance institutions are not interested in financing "formal manufacturing-led Small and Medium Scale Enterprises (SME)" (Bateman, 2013:3) which are more likely to stimulate growth and development. Attention is rather diverted to the already flooded informal sector (microenterprises), creating unnecessary competition, a fall in incomes and "intensification of poverty" (Bateman, 2013). Another problem is the general commercialization of microcredit

institutions with the claim of making them self-sustaining. The outcome of advancing this course is huge profit for microcredit institutions at the expense of the poor.

The reservations raised about microcredit models seem to be borne out in the Many Krobo area. The saturation of microcredit institutions in the area, although they may have brought some minor and temporary benefits for a small minority of people, generally seems to have presented some negative consequences. Relating to Bateman's (2013) assertion that microfinance models are only a means to support the immediate needs of the poor and also to enrich the Microfinance institutions (MFI), a female participant in one of the focus group discussions commented: *"After taking huge sums of money which they call administrative and processing fees from the loan they give to you, by the time you pay your children's school fees, rent and buy food, the money would have been finished and then you become indebted to them."*

Further illustrating the impact of Microfinance Institutions (MFIs) on the community, another female had this to say: *"one day, I was walking in town and I met this elderly woman sobbing bitterly. She said this microfinance people have caused me a lot of pain, two of my daughters took some of the money and cannot pay so they have run away and I do not know their whereabouts."* Research respondents referred to the microloan severally as *Wasasa* and *Ofonujo* literally meaning, you cannot sleep when you go for the microloan (it becomes an albatross).

During the period of this research, I witnessed a long list of names (over 100) of microloan defaulters with accompanying pictures posted on huge billboards at a busy transit point in the study area (known as the Somanya roundabout). When people in the study area become what Bateman (2013) refers to as "micro debt-trapped," (p. 2) they relocate to other towns to avoid arrest and embarrassment. Research participants maintained that the proliferation of microfinance institutions in the community contributes to the high migration rate in the area which, in turn,



might occasion the spread of HIV, as migration has been identified as a major factor underlying the HIV/AIDS epidemic in the area (see chapters 5 and 6).

The main purpose of microfinance, according to its advocates, is basically to reduce poverty and to help the poor. However, according to Bateman and Chang (2012:28), the concept of microfinance upholds perfectly the fundamental principles of neoliberalism and the globalization project. Neoliberalism and globalization promote private ownership and control of all economic activities; free markets; non-government intervention in the provision of social services; and capital accumulation (Harvey, 2006). In Bateman and Chang's (2012) view, neoliberals dread the idea that there would come a time when the socially excluded and poor would use civil agitation and the democratic course to demand government intervention to improve their conditions. The aim of neoliberals, therefore, is to rely on the informal sector (supported by microfinance) as the only appropriate channel to end individual and community poverty. In this way, neoliberals would succeed in blocking any state interventionist approach tailored towards establishing functioning and quality social welfare programs; public services; or narrowing the income gap through redistribution of income (Bateman and Chang, 2012). From this perspective, microfinance is deployed to circumvent all efforts to explore alternative development paradigms (as suggested by postmodernist theory underpinning this research) which might directly alleviate the plight of the poor, but limit the privileges of the elites.

In order to maintain the status quo, Bateman and Chang (2012) argue that those who fail to take advantage of microcredits to "establish successful micro enterprises" (p. 28) are held responsible for their poor conditions. Bateman and Chang (2012), posit that microfinance can be used to destabilize state-supported programs and promote privatization. All along, the goal of neoliberal policymakers is to substitute microfinance for state spending on subsidies and social

services. These conceptions have been channeled through policies such as Structural Adjustment Programs (SAPs), where essential public services and utilities have been privatized and replaced with full recovery strategies such as, cash and carry systems and user fees (Bateman and Chang, 2012).

In Ghana, microcredit as a poverty reduction and development strategy has been incorporated in current poverty mitigation policies such as the enhanced Heavily In-Debted Poor Countries Initiative (HIPC) adopted in 2000, as well as, the Poverty Reduction Strategy Papers (PRSPs discussed in Chapter 2; Weber 2004). However, contrary to the belief that microfinance would promote “income generation, self-employment” and alleviate poverty (Weber 2004 [as cited in Siakwah, 2010:37]), a number of studies (Siakwah, 2010 88; Nanor, 2008:145) conducted in Ghana particularly, in the study area indicate that microfinance is not enough to reduce poverty. For instance, Nanor (2008) observed that most of the poor households that accessed microcredit in his study remained “below the poverty line of US\$2 a day” (2008:145). Microcredits were mostly used by recipients to meet immediate needs such as paying children’s school fees, rent, and food.

In sum, the microfinance model is a means to project the neoliberal agenda, as attempting to address poverty and inequality within the capitalist system when in actual fact, these measures do not offer any real challenge to the status quo – that is, it is neither eliminating social exclusion nor confronting existing structures of unequal wealth and power.

#### **7.1.3.2 Proliferation of Entertainment Centers**

Another factor that emerged from the study as underlying adolescents’ early sexual onset and the spread of HIV/AIDS is the increasing numbers of entertainment centers (such as drinking bars and nightclubs) in the area. A number of drinking bars were observed, with most of them

staying open until very late in the night, especially on weekends and public holidays. There is no age limit as to who can patronize the drinking bars. Money may not even be a barrier as most of the drinking bars operate in open spaces; therefore, there is no need for admission to enjoy the activities going on there. The situation is worse on weekends and national holidays, where the drinking bars play popular Ghanaian music blasted through mega speakers and operate until dawn (popularly referred to as “till you drop”). The researcher witnessed two such occasions at the Sra memorial drinking bar in Somanya (sister town to the study area) and one at the Kponggunor market in Odumase. Patrons were mostly the youth, some as young as 11 years, dressed provocatively and under the influence of alcohol. At 1:00 a.m. when I was leaving Sra Memorial drinking bar, the place was still bubbling with activity and obscene acts.<sup>53</sup> Research respondents perceived these spaces as fertile grounds for promiscuity and unprotected sex, which could lead to HIV transmissions. Participants in the study were particularly frustrated that no measures were being taken by community leaders to regulate the activities of the entertainment centers and the youth.

#### 7.1.4 Cultural Practices

Culture is generally conceptualized as embodying values, norms, belief systems, symbols, customs and practices shared by a group of people. Culture, to a great extent, guides social behavior and influences people’s perspectives and perceptions of the social world. Culture also determines the “quality of life, vitality and health of a society.”<sup>54</sup> Two prominent customs – the *dipo* rite of passage and the *la pomi* custom of the Krobos were identified in this study as probable

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<sup>53</sup> Some of the youth were seen making out, and others kissing and fondling each other openly, which could later lead into other things including, sex. This was striking as in most Ghanaian cultures, kissing is usually not done openly.

<sup>54</sup> Government of New Brunswick:

<http://www2.gnb.ca/content/gnb/en/departments/thc/culture/content/cpr/matter.html>. Accessed December 8, 2014.

elements driving the HIV/AIDS epidemic. What follows is a brief discussion of these customs, and their social implications for the community.

#### 7.1.4.1 **The *Dipo* Rite of Passage**

The *dipo* custom is an integrating practice of the Krobo society. The rite is believed to have been instituted when the Krobos were living in the Krobo Mountains by *Nana Kloweki*, a spiritual leader of the Krobos (Teyegaga, 1985; Nyumuah, 1998:27). The goal of the institution of this rite was to prepare young girls for marriage. It is a puberty rite performed for adolescent girls to initiate them into adulthood. The *dipo* initiation process was, therefore, grounds for training initiates in vocational and housekeeping skills, as well as other areas of marriage life. In Anarfi's (2003) view, the *dipo* custom was also a social control measure against adolescents' early sexual engagement. The *dipo* rite serves as an ethnic identity-based custom on the conviction that no Krobo girl would be recognized as a "Krobo woman and a wife worthy of a Krobo man" unless she has been initiated and can show on her body "visible marks of her initiation" (Huber, 1963:55). In his account of the *dipo* rite, Teyegaga (1985) identified three aspects of the *dipo* custom originally performed by *Nana Kloweki* as the social, religious and out-dooring aspects.

The *dipo* custom is performed by the various clans in the Krobo society and it lasts for a period of five days (usually running from a Friday to a Tuesday). The rite involves many processes: ritual mothers and the calling of initiates' souls; marking of initiates (*dipo-yo*), ritual bath; ultimate test; climax; and Durbar. At each stage of the process, initiates are taken through various rites, rituals, and activities. Some of the rites and rituals include marking of initiates with incisions around their wrists, waist and back of their hands, shaving of hair and a ritual bath. The activities involve drumming and dancing, singing and cooking.

The *dipo* girls are normally secluded at the *dipo* house (usually the house of the fetish priest in charge of the *dipo* rites) during the entire initiation period. The initiates are usually dressed in a *dipo* costume which is made up of beads tied around their waist with a red cloth passing in between their legs through the beads in such a way that it hangs on the front and back to cover their “loins” (Boakye, 2010) (see picture 1 below). Most parts of their bodies are exposed with their breasts left bare during the initiation process; however, in contemporary times, the girls are allowed to cover sexualized body parts. After dressing up in the *dipo* costume, a priestess then shaves the hair of the girls with a blade or shaving stick, leaving a little patch in the middle of the head to be shaved on the third day of the initiation. This is called the *yisi-pomi* (see pictures 2). Following this, a string of palm fiber locally called *soni* is tied around the necks of the initiates and thus, each initiate is identified as *dipo-yo* (which means *dipo* girl) (Huber, 1963; Steegstra, 2004).

The ultimate or litmus test is the most crucial stage of the initiation process. At this stage, the *dipo* girls are made to sit on a sacred stone at the shrine in the community with the belief that any girl, who sits on the sacred stone and is not a virgin or is pregnant or has had an abortion, would be struck by the stone. Girls who pass the litmus test (i.e. are not struck by the sacred stone) are carried shoulder high by male family members to the *dipo* house (see picture 3). A *durbar* of chiefs and people of the Krobo area is held to out-door the initiates and this phase also marks the end of the *dipo* initiation rite. On this day, Initiates are adorned with lots of expensive Krobo beads and *Kente*<sup>55</sup> (see picture 4 and 6). According to Boakye (2010), this occasion presents an opportunity for families of the Initiates to display their affluence by adorning the girls with expensive beads and cloths. The following day after the *durbar* (usually a Wednesday which is a market day), the *dipo* initiates are required to go to the market to perform the *Klama* dance

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<sup>55</sup> A traditional Ghanaian cloth which, is hand woven in different colors of silk threads in elaborate patterns.

traditional dance, (see picture 6). This is done to inform the public of the end of their initiation and their new identity as full Krobo women and recognized citizens of the Krobo land. Those of marriageable age could be given away in marriage, but this is seldom the case in contemporary times as initiates are much younger (Boakye, 2010).

The scope and processes involved in the *dipo* rite, like any cultural practice, have gone through various transformations over the years. The duration of the custom initially lasted as long as three years but kept reducing over the years to “a year, six months, three months, three weeks, one week and finally five days” (Boakye, 2010:30). Unlike the past when *dipo* was performed for mature girls of marriageable age, now infants and toddlers are initiated (Huber, 1963:193; Boakye, 2010:30) (see picture 5) Two main reasons account for initiating girls at a younger age. One, research respondents explained that it is cheaper to perform the rite at a young age because, at that age, parents do not need to adorn their *dipo* girls with lots of clothes and beads, thus cutting down cost. Two, respondents stated that it is mainly due to the fear of their children getting pregnant if they had to wait until they reached adolescence (that is right age range). Pregnant girls are not allowed to perform the *dipo* rite; if they conceal the pregnancy, they will be exposed by the sacred stone and this brings tremendous embarrassment to the girl’s family.

This is what one focus group discussant had to say:

*Our children these days become sexually active at a tender age, and in this town if your girl becomes pregnant before performing the dipo rite, it is a big disgrace to the family. She can be struck by the sacred stone and everybody will get to know. So because I am afraid that if I have to wait till my girls get to the right age, they might get pregnant, that is why I performed the rite for them when they were 5 years old – Female, FG 3*

Similarly, bodily exposure of initiates is minimized. *Dipo* girls are now allowed to cover up sexualized body parts like the breast with wax-print cloth, except when participating in a ritual. In the past, initiates bodies had to be exposed whether in or outside the *dipo* house. Carrying of *dipo*

girls from the shrine is no more a preserve of men as women are also permitted to engage in the practice. One of the significant changes that have occurred in the *dipo* custom is the exclusion of initiation marks and the option to avoid hair shaving. Previously, initiates had incision marks at the backs of their hands, waists and bellies, but now it is only done symbolically (Boakye, 2010). Initiates can also opt not to shave their hair by paying a fee (the cost is about GH¢3.00 or US\$1.50).

Furthermore, in the past, a *dipo* girl who failed the litmus or ultimate test at the sacred stone was ostracized from the Krobo society. She was jeered at and banished because she was regarded as bringing shame to her family and the society at large. Ostracism is hardly a reality today as the whole *dipo* process has been monetized such that parents can pay for girls who fail the litmus test, so they are not punished (Boakye, 2010:33).

### Picture Gallery of *Dipo* Initiates<sup>56</sup>

Picture 1



*Dipo* girls with red cloth between their legs

Picture 2



Initiate with shaved hair

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<sup>56</sup> Source of pictures: <https://www.google.ca/search?q=dipo>

Picture 3



Initiate being carried back to the *dipo* house after the litmus test

Picture 4



Outdooring of a *dipo* Initiate

Picture 5



Little girl Initiate

Picture 6



*Dipo* girls doing the traditional dance

There has been an on-going debate on the usefulness of the *dipo* rite in contemporary times (Tetteh, 2006:3; Schroeder and Danquah, 2000:5; Boakye, 2010:79). While, some groups say that the custom has outlived its usefulness and should be discarded, others believe it is a tradition that



cannot just be thrown away. Individual positions or standpoints on the issue depend on three factors: generation or age, religion, and perceptions about modernity and change. Older respondents in the FGDs placed high value on the *dipo* rite and associated the *dipo* initiation not only with the identity of a true Krobo woman but also believe it to be a long-standing culture that cannot be thrown away. The younger generation, however, perceives the *dipo* rite as having long outlived its usefulness. Christians on the other hand, regard *dipo* as a fetish practice contrary to the doctrines of the Christian faith. Still others in the focus groups believe that as the world advances, so should there be a transformation in archaic customs and traditions, including the *dipo* rite. In essence, respondents' arguments that advocate changes are based on the modernity thesis that, as society embraces the plasticity of the modern world, so should the *dipo* rites also evolve.

The changes in the *dipo* custom, as a result of ideas for modernity for some research respondents, have implications for the community. As explained above, the *dipo* rite was performed as a rite of passage for girls prior to marriage (indicating maturity) and also served as a social control measure against early teen sexual engagement. This principle, however, according to some respondents have changed, as girls as young as two years old are initiated, contrary to the norm.

The changes in how the *dipo* rite is performed and its influence on the HIV menace in the study area came up strongly in the focus group discussions. A number of research participants asserted that initiating girls at an early age came with the freedom for young initiates to engage in sexual activities without the fear of being sanctioned when pregnancy occurs. According to Anarfi (2003), the performance of the *dipo* rite is no longer a safety measure but rather a "license for early sexual activity" (p. 32). A male focus group discussant has this to say: "*Now there is nothing to*

*fear because the dipo rite has been so lax. After initiation at a tender age, what else... have sex, sex, sex, and produce, babies, babies... why won't HIV/AIDS be high in this area?"*

The high incidence of HIV/AIDS epidemic in the area, especially among young people, has been blamed in part for what Anarfi (2003) refers to as the “present cultural interpretation of the *dipo* cult” (p.32). The breakdown of the norms guiding the performance of the *dipo* rite, therefore, has implications for early sexual initiation and exposure of youth to sexually transmitted infections (STIs) including HIV/AIDS; especially where there are no alternative social control measures in place to protect youth against the over-sexualization that characterizes the modern consumerist world.

#### 7.1.4.2 *La pomi* Custom

The *la muɔmi/la pomi* custom is another prominent cultural practice of the Krobos. While the *dipo* is a puberty rite, the *la muɔmi/la pomi* is a naming ceremony. The rationale for this custom is to encourage marriages and consolidate the institution of marriage while frowning on men taking advantage or exploiting women.<sup>57</sup> The naming of a child is one of the important rites performed by the Krobos, which brings together both families (maternal and paternal) and friends of the families (Nyumuah, 1998:21). Since Krobos are patrilineal, the biological father usually names the child and the *la muɔmi* custom is performed as a seal on the name. The seal *la*, which is a string and *kɔli* (bead) are tied around the wrist of the child by an old woman; usually the first born of the family of origin – *we mi Dede* (Nyumuah, 1998:22). The *la muɔmi* ceremony typically takes place early in the morning on the eighth day of birth or any other day deemed convenient (p. 21). The child is officially accepted as a member of the family - as Nyumuah puts it “with its own

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<sup>57</sup> Accessed from the Yilo Krobo district website: [http://www.ghanadistricts.com/districts/?r=4&\\_r=77&sa=3840](http://www.ghanadistricts.com/districts/?r=4&_r=77&sa=3840). September 28, 2014.

personality and social status” after the naming and tying of the *la* string on the child’s wrist (p. 22).

By the Krobo custom, when a man has a child with a woman without performing the traditional marriage rites, the children belong to the family of the woman. Such children are known as *yo bi* (the woman’s child). In this respect, the woman’s family names the child/children and performs the *la muɔmi* rite, which connotes a “seal of ownership” of the child (Nyumuah, 1998). For a father to have paternal rights over his child/children born out of wedlock, he has to perform the *la pomi* custom – the “cutting of the seal of maternal ownership” (p. 45). This allows the father to give the child his family name (rename). The *la pomi* custom is performed in the woman’s family house in the presence of both families of the child.

To perform the *la pomi* rite, the father of the child is required to provide a castrated sheep (*to saa*) and a bottle of schnapps. The items are limited to a castrated sheep and schnapps when the man and woman (parents) are still together (not separated). On the other hand, if the parents are no longer together (separated) but have children together – and the man has not performed the marriage rite – to have paternal rights over the child/children, he has to perform *la pomi*. In this case, the man would have to pay for the cost incurred in nurturing the child/children, in addition to providing a castrated sheep and a drink. In some families, the amount charged is subject to the age and educational level of the child/children. Therefore, a higher educational attainment (e.g. university degree) would attract more cost for the man. In the same way, a man can perform *la pomi* for a child/children his wife brought into the marriage whose biological fathers had not performed the *la pomi* rite. In so doing, the man has legitimacy over the children as a father and these children can also inherit his properties (Nyumuah, 1998: 46).

Clearly, there are good intentions behind the *la pomi* rite; however, it comes with its own social problems. Many of the fathers who are subject to the *la pomi* custom fail to perform the rite due to the costs involved (considered expensive). This means the custom, first of all, denies the *yoobi* the right to be parented and to bond with their biological fathers. Moreover, the custom places extra burdens on women to take care of the *yoobi* alone, thereby promoting single parenting and high numbers of female-headed households. Research participants observed that the *la pomi* custom also contributes to the high incidences of truancy, street kids, drug addiction, child abuse, child labor and risky sexual behaviors in the Manya Krobo area. A participant had this to say:

*Because of the la pomi, we have a lot of yoobi children and single mothers in this town. Some of the fathers of these children have not come forward to take responsibility for their children because they cannot afford the la pomi. The mothers are also not able to take good care of these children alone, so the children end up dropping out of school and engaging in all sort of social vices, so that is some of the problems of the la pomi.*

Unfortunately, women and children bear the brunt of the negative impact of this custom. For instance, in the Yilo Krobo district (which shares boundaries with Manya Krobo), available statistics show that more than six hundred women and children have been victims of the *la pomi* custom.<sup>58</sup>

One of the interesting observations made in this research is the skepticism research participants had regarding the HIV/AIDS prevalence in the Manya Krobo area. Research respondents believe that although the Manya Krobo area records the highest incidence of HIV/AIDS in Ghana, the HIV/AIDS situation may not look that bleak if the *Ghana HIV Sentinel Report* had disaggregated the HIV cases of residents of Manya and Yilo Krobo<sup>59</sup> from those of other regions, who, while they may not be residing in the Manya and Yilo Krobo areas, receive

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<sup>58</sup> Accessed from the Yilo Krobo district website: <http://www.ghanadistricts.com/districts/?r=4&=77&sa=3840>. September 28, 2014.

<sup>59</sup> Manya and Yilo Krobo are sister district; they share a boundary, speak a common language and share similar culture. These districts have one sentinel point located at Agormanya in the lower Manya Krobo district.

treatment in hospital facilities in the area for the following reasons: 1) Apart from the major cities in Ghana, Manya Krobo is one of the few towns with well-equipped HIV/AIDS treatment facilities and trained personnel, due to its long history of high HIV/AIDS infection rate; 2) People from neighboring regions and towns seeking to hide their HIV status purposely to avoid stigma and discrimination from community members flock to hospital facilities in the Manya Krobo area for treatment, thus adding to the number of HIV/AIDS cases in the area. This sentiment was expressed in all the FGDs and here is what some respondents had to say:

*I think those who come here for treatment are even more. For instance, if you go to Agormanya at the Roman hospital (one of the HIV/AIDS treatment centers), you will notice that the majority of the people (PLWHAs) who come for treatment there come from outside this town, because of stigma. This also accounts for the high HIV/AIDS prevalence rate here but the HIV sentinel report does not separate this people from us, so we can know what exactly the situation is here. – Male, FG 4.*

*They (PLWHA) will not take the treatment from their locality because they are known in the community and will be identified if s/he take treatment from the local hospital. They all come here contributing to the high HIV/AIDS prevalence rate here. Yet they lump all of us up and say HIV/AIDS prevalence is high in this town. – Female, FG 1*

While this assertion is legitimate, the reverse is also true as some PLs from the Manya Krobo area do seek treatment in nearby hospital facilities. It can, therefore, be argued that when these two scenarios are factored into the equation, there could be a balance and hence, no need for disaggregating the data. This observation notwithstanding, due to the peculiarity of the HIV/AIDS problem in the area, it is important to disaggregate the HIV/AIDS data from the Manya Krobo region in order to make a distinction between HIV/AIDS cases emanating from Manya Krobo and those from other places, which in turn gives a clearer picture of the HIV/AIDS pattern overall. This confusion about the actual HIV/AIDS situation in the area could be one of the reasons that explain the casual attitude of the Manya Krobos toward taking the necessary precautions against being infected with the disease, as discussed earlier in this chapter. Furthermore, the distinction, if

made, could be factored into programs and services for PLs in order to meet the needs of PLs from within and those from outside of the Manya Krobo area.

## 7.2 The Reality on the Ground: Problems and Challenges

Persons living with HIV/AIDS (PLs) in the study area face a myriad of challenges. Many of them are unemployed or lack sustainable jobs resulting in high levels of poverty among PLs. Furthermore, many PLs lack skills that make them employable and require both skills training and start-up capital to enable them to engage in any self-sustaining, productive activity. Respondents acknowledged that before being diagnosed as HIV+, they had spent many years moving from one traditional healer or prayer camp to another seeking a cure for their sickness. Others, however, were diagnosed at the early stages of the disease but were living in denial and, therefore, turned to traditional healers and prayer camps until their situation worsened before finally going back to the hospital. At this point, all financial resources were depleted (including selling of family property) in the search for a cure. The long years of searching for a cure coupled with their current condition as PLs continue to render them poor. In their own words, *“for most of the people in this situation, how to rise again becomes the problem,”* meaning they need some financial support to start life all over again.

Secondly, the erratic supply of anti-retroviral medication sometimes leads to worsening conditions of health and in the worst case scenario, death of PLs. On the other hand, availability of ant-retroviral drugs has prolonged the life expectancy of PLs in the study area. Consequently, there are a growing number of older people living with HIV/AIDS (see Chapter 5), which comes with its own challenges. For example, means of subsistence is generally scarce for PLs in the study area but even worse for older people living with HIV/AIDS. In general, availability and accessibility of anti-retroviral drugs seems to be one of the major concerns of PLs, but most

especially for older people. This is how a 55-year-old PL (female) whose hospital appointment date was almost due expressed this concern: *GH¢5 a month so three-months medication cost GH¢15. Since the beginning of this month, when I go to bed, I cannot sleep, but if the medication were to be free, I won't have any problem.*

In order to promote the welfare of PLs and minimize the impact of the host of challenges confronting them, PLWHA support groups were formed. The functions of the support groups range from providing information and education on HIV/AIDS, emotional, psychological and financial support, home visits and care, to volunteering through the Models of Hope program (explained in Chapter 4). With the support of international and local non-governmental organisations (NGOs) such as Opportunities Industrialization Centre (OIC), UNAIDS, Family Health International (FHI) and Ghana AIDS Commission, the support groups meet at least once a month and at each meeting, members are given basic food supplies (like soap, rice, oil) and some money (GH¢20). OIC, in particular, provides training (including HIV counseling) for Models of Hope and PL leaders, as well as HIV/AIDS education and resources to all support group members. The Models of Hope were given some stipend funds (provided by the NGOs) for their work in the hospitals and the community at large. Respondents underscored how financial assistance to the support groups from the various NGOs had helped improve their well-being. For instance, respondents stated that the monthly food supplies impacted their nutrition values and, best of all, they could save some of the money received to cover the cost of their antiretroviral drugs.

HIV/AIDS sensitization programs organized for members and the community at large have significantly reduced HIV stigma. However, with the advent of the financial meltdown and general donor fatigue, many of the NGOs funding the support groups either withdrew their sponsorship completely or cut back drastically on funding, leaving the support groups struggling

to survive. Only 6 of the 9 support groups in the study area were functional at the time of this study. While membership records for these 6 support groups range between 50 to 80, attendance at meetings has dipped to between 10 and 20, as members have no money to transport themselves to the venue of the meeting. Poor attendance at meetings was also attributed to lack of motivation as food supplies and financial assistance, which was previously available as pulling force has been irregular due to reduced support from sponsors (i.e. NGOs).

A meeting with PL support group leaders revealed how the lack of support for the support groups is having a telling effect on PLs. For instance, the anti-retroviral default rate is on the rise, leading to failing health of PLs and sometimes deaths. The lack of funding for the support groups has contributed to increased spread of HIV. PLs are also compelled to engage in risky activities (such as having sex with multiple partners) to survive. The average person in Manya Krobo, at least, has some knowledge about the “dos” and “don’ts” of HIV infection. Nonetheless, there is a huge gap between awareness or knowledge and people’s behavior and practices. Painter (1996) asserts that “what people know and how they act” is affirmed by the socioeconomic realities under which they live. This assertion explains the situation in the study area; unless the socio-economic factors sustaining the HIV/AIDS epidemic (such as unemployment, poverty, migration, stigma, cultural dynamics) are fully grasped and appropriate response measures put in place to address the problem holistically, the HIV rates would continue to soar in the Manya Krobo area.

#### **7.2.1 Advanced Information, Communication and Technology**

The consequences of globalization add to the complexity of the HIV/AIDS epidemic in the study area. A key component of globalization is the advancement in information, communication, and technology (ICT) and a relatively cheap and fast transportation network. Global media, internet access, “satellite, video conferencing, mobile communications, electronic data exchange,



and networking” all facilitate transnational contacts, collaboration and exchanges (el-Ojeili and Hayden 2006; Castells, 1996; Agger, 2004; U. S. Department of State TIP, 2005:18) between targets and traffickers. Relatively easy air, rail and road travels have been highly effective in the movement of unsuspecting targets for trafficking. These technologies have a substantial bearing on the volume of human trafficking within and across nations.

This study has observed how both the technological (such as advancement in transportation and ICT) and economic (e.g. poverty, inequality, social exclusion) impacts of globalization have facilitated prostitution in the Manya Krobo area. Respondents noted that, as a result of easy transportation, some young girls travel either on their own or by arranged transport (pre-arranged buses to pick up girls) every night from the Manya Krobo area to adjoining areas and cities (especially Accra, the capital city, which is only 60 km away) to engage in prostitution and return before daybreak. Some of the young girls are taken to customers in specific hotels in Accra. Although respondents could not tell who was behind the arrangement of the buses, it could well be the work of pimps, who are also involved in child trafficking in the Manya Krobo area. The combined effects of the contributory factors to the spread of HIV/AIDS (such as poverty, non-disclosure, shortage of HIV testing kits and anti-retroviral drugs, culture etc.) discussed in this chapter, makes the phenomenon in the study area complex, requiring aggressive and comprehensive combating strategies, as well as a high measure of commitment on the part of stakeholders if the spread of the disease is to be controlled. A lopsided or piecemeal strategy would only scratch the surface of the problem and leave the root causes untouched.

### **7.3 Chapter Summary**

This chapter sought to provide some answers to the third research question regarding other factors that contribute to the spread of HIV/AIDS in the Manya Krobo area. Migration and human

trafficking are clearly but some of the forces driving the concentration of HIV/AIDS in the region. The study has identified “other” factors stirring the HIV/AIDS epidemic to include stigma, non-disclosure, unprotected sex, and rape and living in denial of HIV status. On the whole, the most revealing findings discussed in this chapter are: how microfinance institutions (MFI) facilitate migration and the spread of HIV/AIDS, and how proliferation of entertainment centres, and unintended yet discriminatory aspects of some cultures (like that of the *la pomi* custom of the Krobos) promote the epidemic as well. This finding provides vital information to guide the development of HIV/AIDS intervention programs in the Manya Krobo area.

Besides the heedless approach to the socioeconomic conditions of HIV/AIDS intervention programs/policies (or at best, just recognizing the spread of the disease as an issue of poverty) places a large number of people in Manya Krobo at risk of HIV infection. The social and economic realities of the people constrain their actions and practices, despite their awareness and knowledge with regards to HIV infection. It is, therefore, important for the conceptualization of HIV/AIDS transmission to move beyond merely acknowledging the disease as a manifestation of impoverishment, to responding constructively in strategic ways that reduce both the causes and effects of the virus.

Finally, the chapter has identified aspects of globalization such as advancement in transportation and communication technologies, poverty, inequality, and social exclusion as facilitating factors in prostitution and human trafficking in the Manya Krobo area. Given fast and reliable transportation and communication systems, young girls easily network and move to neighboring towns and cities to engage in prostitution, thus exposing themselves and others to HIV infection. It is very likely that some of the girls also end up being trafficked.

It is evident from the analysis in this chapter that the interplay of all the underlying factors (such as culture, stigma, non-disclosure, rape, etc.) to the high prevalence of HIV/AIDS make the HIV/AIDS occurrence in the study area more complex, requiring multi-faceted approaches to effectively tackle it.

## CHAPTER 8

### SUMMARY RECOMMENDATIONS AND CONCLUSION

#### 8.0 Introduction

Scholarly work in the area of migration and human trafficking (Piper, 2005; OSCE, 2004; Luda, 2003 [as cited in Okojie, 2009]) observes that human trafficking is rooted in the movement of people both within and between countries, as in many cases labor migrants are trafficked in the process of migrating. While most studies have focused on cross-border migration and trafficking, internal migration and trafficking are also thriving and are as problematic, as the international dimensions of the trade. There is, therefore, a connection between both dimensions of trafficking in persons, as most of the people trafficked across international borders are first trafficked internally (Aronowitz, 2009). This research sought to address this gap by focusing on internal migration and internal human trafficking. Guided by a broad development framework and drawing specifically on postmodernist thought, this study has explored the links among internal migration, human trafficking and the proliferation of HIV/AIDS in the Manya Krobo area. The study has also explored other factors facilitating the spread of HIV/AIDS in the study area.

Based on the broad aim of the dissertation, three specific objectives were outlined: To determine whether the high migration pattern in the study area has elements of human trafficking. 2) To examine whether human trafficking contributes to the high incidence of HIV/AIDS in the Manya Krobo area. 3) To explore other underlying factors contributing to the spread of HIV/AIDS in the Manya Krobo area. In doing so, the research has unearthed some key findings and makes some policy recommendations for addressing the problem of internal migration, human trafficking, and HIV/AIDS in the study area.

## 8.1 Summary of Key Findings

In investigating the links among migration, human trafficking, and HIV/AIDS in the Manya Krobo area, the study has revealed that not only is migration high in the study area, but internal labor migration is the most prevalent form of migration in the region.

Three types of human trafficking recruitment methods were identified as occurring in the Manya Krobo area: child, peer, and destination trafficking. Destination trafficking was found to be the most prevalent form of human trafficking in the study area; it involves a situation where labor migrants travel to destination areas on their own volition but end up falling prey to traffickers at receiving towns or countries. It is also evident from this research that labor exploitation renders targets vulnerable to the machinations of other perpetrators, as in any attempt to escape the poor working conditions at the hands of one perpetrator, trafficked persons end up in a more endangering situation that sometimes leads to health consequences (including violence, rape, and HIV infection). The study has further revealed that apart from labor exploitation, migrants from Manya Krobo experience different outcomes of human trafficking such as verbal and sexual abuse, forced prostitution and pornographic exploitation. This research has also observed that a trafficked person could be confronted with one or more forms of abuse from one or multiple perpetrators.

Contrary to claims by some scholars (Jordan, 2004; ILO 2005b; Popli, 2009) that restrictions on the movement of labor through stringent visa and immigration laws drives the transnational trade in humans, this research has observed that limitations on the free movement of labor and strict border security not only facilitate illegal channels of migration and increased incidence of human trafficking across international borders, but more so, promotes internal labor migration and internal trafficking. The reason is that, as security becomes tighter making it difficult for traffickers to ply their illegal trade across international borders, internal trafficking (trafficking

within countries) is less risky, less costly and provides a lucrative option for traffickers. This phenomenon, in part, explains the incidence of internal labor migration and trafficking in the Manya Krobo area.

The study's findings suggest some relationship between internal migration, human trafficking and the spread of HIV/AIDS in the study area. While most people are trafficked in the process of migrating, both labor migrants and trafficked persons become susceptible to HIV/AIDS due to the deplorable conditions under which they work. One of every five of the 35 research respondents who had ever migrated returned finally to their place of origin (Manya Krobo) infected with HIV/AIDS. At the same time, 6 of the 12 research respondents who were infected with HIV/AIDS at destination locations experienced some form of human trafficking; four of them were trafficked internally. Further research with a larger sample size is needed to validate this conclusion.

Furthermore, the study has revealed a relatively high incidence of HIV/AIDS infection among respondents 50 years and above. The proportion of respondents between the ages of 50-53 years living with HIV/AIDS equals the HIV/AIDS occurrence within the age group 34-37 years (i.e. 17.4%). The prevalence rate among older research respondents age 50years + (which is 20.4%) is almost one-third of the percentage of respondents in the productive and reproductive age group (i.e. 69.5%). Despite, the relatively high HIV/AIDS occurrence among older people 50 years and above most prominent sources of data, including the *Ghana HIV/AIDS Sentinel Report* focus predominantly on those in the active, productive and reproductive ages of 15–49 years.

Although there is evidence of human trafficking and high incidence of HIV/AIDS in the Manya Krobo area, the study found a general dearth of knowledge on HIV/AIDS policies in Ghana, as well as how human trafficking is understood among research respondents. As a result,

most trafficked persons did not report their experience to anti-trafficking organizations, as they were unaware that their experience constituted human trafficking. Another reason for the under-reporting of human trafficking cases may stem from the fact that there is no motivation for trafficked persons to do so. The lack of programs (such as reintegration and rehabilitation services) in the study area and Ghana as a whole to take care of the immediate needs of trafficked persons does not encourage reporting, as in such situations, the primary concern is how to start life over again and not so much about pursuing the perpetrator. Research participants also had limited knowledge of HIV/AIDS policies in Ghana and, therefore, could not make any meaningful contributions to HIV/AIDS policy related questions.

Apart from migration and human trafficking, other mediating factors underlie the concentration of HIV/AIDS in the study area. Non-disclosure was identified as playing a major role in the spread of HIV/AIDS in the Manya Krobo locality. Stigma and fear of being shunned or rejected by partners and close acquaintances deter some HIV+ persons from disclosing their HIV status and, in some cases, knowingly transmitting the virus to partners. The desire to be socially accepted, to find life partners and have children were some of the main reasons why most HIV+ persons would not disclose their health status.

The study's findings also shows that some hospital procedures (e.g. issuance of folders, requirement of 'monitors,' segregated points of prescription medication distribution) inadvertently reveal the HIV/AIDS status of patients and expose them to stigma and discrimination. These variations in hospital procedures, although not necessarily intentional, distinguish persons living with HIV/AIDS from other patients, thus hindering some PLs from accessing the services of the hospitals as often as may be needed, and therefore facilitating the spread of the disease.

Studies have shown that condom use is one of the most effective ways of preventing HIV and other STIs from being transmitted during sexual intercourse (Ahmed et al., 2001). However, this study observed a casual attitude towards HIV infection in the study area. This was expressed through unsafe sex practices such as engaging with multiple sexual partners and unprotected sex.

Furthermore, the study found that the proliferation of microfinance institutions (MFIs) in the study area to a large extent entrenches rather than alleviates poverty. Most people who access microloans in the study area are unable to pay back and become “micro-debt trapped.” To avoid embarrassment and possible imprisonment, microloan defaulters relocate to other towns. The high presence of MFIs contributes to the high migration levels in the study area, which, in turn, facilitates the spread of HIV, as migration has been identified as one of the key contributory factor to the HIV/AIDS epidemic in the Manya Krobo area.

Another issue that emerged from the study and was passionately discussed as underlying adolescents’ early sexual onset and the spread of HIV/AIDS is the saturation of entertainment centers (such as drinking bars and nightclubs) in the Manya Krobo area. These entertainment centers operate late into the night, especially on weekends, and there is no age limitation on patrons of these entertainment centers (popularly known as “spots”). These spaces were identified as fertile grounds for sexual promiscuity and unprotected sex, especially, by the youth.

The study further observed that research participants were conflicted about the true state of the HIV/AIDS problem in the area. This is partly because the *Ghana HIV/AIDS Sentinel Report* (which provides official data on HIV/AIDS in Ghana) does not disaggregate data on cases emanating from other jurisdictions to seek medical attention in the Manya Krobo area. The *Ghana HIV/AIDS Sentinel* data is based on reported cases in hospital facilities in the area. As a result of their long history of high HIV/AIDS prevalence, the Manya Krobo area has one of the most well-



established HIV/AIDS health facilities in Ghana and is accessed by patients from neighboring towns and even other regions. For instance, there are reports of HIV/AIDS patients coming all the way from the Northern region of Ghana to use health facilities in the study area. Although it is widely known that the incidence of HIV/AIDS is high in the Manya Krobo area, data from the *HIV/AIDS Sentinel Report* does not state the actual cases emanating from the local region. Consequently, research participants disputed the public figures (discussed in detail in Chapter 7). This confusion could result in residents not taking the necessary precautions against being infected with the disease, as most of the research participants did not believe the HIV/AIDS prevalence rate in the area to be as alarming as reported.

Culture not only guides social behavior and influences people's perception of the social world; to a large extent it also shapes and determines the "quality of life, and health" of people in society. The *la pomi* custom or the *yoobi* concept of the Krobos is one of the cultural practices the study observed to have impacted on the well-being of particularly women and children in the Manya Krobo area. The *la pomi* (cutting of the string) is a custom performed by men in order to have paternal rites over children born out of traditional wedlock (known as *yoobi*, meaning the woman's child) (see Chapter 7). Many of the fathers are unable to fulfill the economic requirements of the *la pomi* custom due to the costs involved, and abandon their children, thereby leaving the burden of caring for the *yoobi* solely on the shoulders of mothers. This custom promotes single parenting and women-headed households. The *la pomi* custom also contributes to the high incidence of truancy, streetism, drug addiction, child abuse, child labor and risky sexual behavior among under-supported youth in the Manya Krobo Area.

Finally, the study revealed that persons living with HIV/AIDS in the study area face a myriad of challenges. Many of them are unemployed or lack sustainable jobs resulting in high

levels of poverty among PLs. Means of subsistence are scarce for PLs in the study area, but even worse for older people. PLs struggle to pay for their medication, as health insurance does not cover anti-retroviral treatment. The erratic supply of anti-retroviral drugs is also one of the challenges facing PLs. In general, availability and accessibility of anti-retroviral drugs is a major concern of PLs.

In order to minimize the impact of the host of problems confronting PLs, PLWHA support groups have been formed across the Manya Krobo area to provide information and education on HIV/AIDS; emotional; psychological and financial support; home visits and care; and volunteering at hospitals to assist people living with HIV/AIDS. This study observed that the support groups perform these functions with the support (i.e. financial and material) of mostly international donor organizations, but with the recent financial meltdown, donors have withdrawn almost all support leaving the support groups struggling to survive. Support from the district health directorate and the district assembly is virtually non-existent. Meanwhile, the lack of funding for the support groups is having a telling effect on the well-being of PLs. For instance, research participants indicated that anti-retroviral default rates are on the rise, leading to failing health of PLs and sometimes deaths. The study findings show that the lack of support for PLWHA support groups accounts for the drastic fall in HIV/AIDS sensitization activities, as well as PLs engaging in risky activities such as having sex with multiple partners to survive, thus supporting increased spread of HIV.

The findings as summarized in this section answered the three research questions the study sought to address which are: 1) Do migrants from the Manya Krobo area experience human trafficking? 2) How does human trafficking contribute to the spread of HIV/AIDS in the Manya

Krobo area? 3) In addition to human trafficking, what other factors facilitate and contribute to the spread of HIV/AIDS in the Manya Krobo area?

## **8.2 Recommendations and Policy Implications**

Findings of this study show that the human trafficking, and the high incidence of labor migration and HIV/AIDS, in the Manya Krobo area, is as a result of a multiplicity of factors such as, history of colonial exploitation of resources, impact of some development projects (eg. the dam projects), poverty, unemployment, and illiteracy among others. To curb the situation, the Ghanaian government, including the Lower and Upper Manya Krobo district assemblies, need to adopt a more humane and people-centred policy approaches directed at job creation; participatory development; skills training; as well as sustained social welfare programs particularly targeted at vulnerable groups. When opportunities are created, and people can access the basic needs that enable them to attain a minimum standard of well-being, then the pressure to migrate and the incidence of human trafficking and HIV/AIDS would likely decrease in the Manya Krobo area. In view of these study findings, the following recommendations are made to guide policy interventions designed to curtail the high incidence of migration, and HIV/AIDS as well as check human trafficking in the study area.

The findings of this study have revealed that one of the factors facilitating HIV/AIDS in the study area is economic deprivation. The 2010-2015 Lower Manya Krobo district strategic HIV/AIDS report reinforces this assertion. It is, however, not enough to merely acknowledge the disease as a manifestation of impoverishment without committing the necessary financial resources and putting in place pragmatic measures to alleviate poverty in the area. It is suggested that the government and the district assemblies in the Manya Krobo should incorporate into their development agenda for the area clear measures aimed at progressively creating jobs and also

mobilizing the private sector to supplement their efforts. To begin with, the Ghana Employment Authority (GEA) should expand its skills training and vocational placement program in the Manya Krobo area to better provide more skills training and jobs for youth. Efficient monitoring and evaluation system needs to be built into the training model to ensure the success of the program. Furthermore, it is recommended that the GEA develops models targeted specifically at PLWHAs. Such a model should aim at identifying the skills development needs of PLs so as to provide them with the required training. Upon completion of the training, trainees should be supported with start-up capital (not repayable) and the necessary equipment to enable them set up small businesses. In this way, employment will be boosted, and PLs will be economically empowered to live healthy lives. In the same vein, some of the factors identified as perpetuating a cycle of HIV/AIDS infections in the locality (such as school dropouts, teenage pregnancy, and sexual promiscuity as a means of survival) would be curtailed if parents are healthy and financially empowered to provide adequately for their children. When livelihood opportunities are enhanced, the incidence of migration, human trafficking and HIV in the study area are likely to reduce.

Similarly, it is recommended that the Lower and Upper Manya Krobo district assemblies need to use the district assembly's common fund, set aside by government for HIV/AIDS activities to set up a resource model, which aims at providing monthly cash benefits for older people living with HIV/AIDS, to cover the cost of medication for older PLs who cannot afford it and to sponsor the education of the needy but intellectually gifted children of PLs. The Assemblies could also engage in fundraising drives to solicit funds from the public to supplement government funding for HIV/AIDS. Such a measure would not only alleviate poverty among older people living with HIV/AIDS, but would also reduce anti-retroviral default and HIV/AIDS mortality rates.

People living with HIV/AIDS support groups in the Manya Krobo area perform vital functions aimed at mobilizing members; providing information and education on HIV/AIDS-related issues; and general support for members. The support groups are, however, falling apart as financial assistance from international donors has dwindled. Given the important role of PL support groups, it is recommended that the Ghana AIDS Commission (GAC) strengthen its collaboration and financial commitments to the support groups. For instance, the GAC could set aside some funds to support innovative proposals from PL support groups which are aimed at enhancing the work of volunteer groups like the “Models of Hope” in the various hospitals; home care; sensitization programs and providing monthly food rations for PLs: or any activity so-identified that promotes the general welfare of PLs. This will also encourage more PLWHAs in the community to join the support groups, thereby extending HIV/AIDS education to a larger group of PLs and eventually ensuring the welfare of all PLs in the area through the support groups.

A general concern of PLWHAs in the study area is the availability of and accessibility to antiretroviral treatment (ART). While research respondents lamented over the erratic supply of HIV testing kits and ART, they were also concerned about the affordability of the ART. Most of the PLs are not able to afford the GH¢15 (about CAD\$ 5.5) cost of three months’ supply of ART, resulting in high treatment default rates and in some cases deaths. Considering the precarious HIV/AIDS situation in the study area, it is recommended that the Ghanaian government could list the region as a top priority area when it comes to distribution of HIV testing kits and ART thus, avoiding or reducing the impact of any shortages in supply. The government also needs to consider providing the treatment free of charge for PLWHAs in the Manya Krobo area. Alternatively, stakeholders in the fight against HIV/AIDS in the study area (such as GAC, MoH, NACP, GOG)

need to encourage corporate institutions, development partners, donor organizations and NGOs to fund the cost of ART for PLs in the study area.

Evidence of high HIV/AIDS prevalence among older people (50+) in this study suggests that HIV infection does not exclusively affect younger people. Stakeholder in the fight against HIV/AIDS in the study area (such as the NACP, MoH, GSS, Lower and Upper Manya Krobo health directorates), as part of their HIV/AIDS interventions programs therefore, need to engage in research aimed at understanding the specific vulnerabilities of older people to HIV infection and the challenges faced by older people living with HIV/AIDS. For example, research could explore the sexual behaviors and practices of older people 50 years and above, as well as the effects of antiretroviral treatment on older people living with HIV/AIDS. A better appreciation of the vulnerabilities of older people to HIV/AIDS infection and the challenges they face could lead to better-tailored intervention, care and support programs, likely to curb the HIV infection rate and reduce AIDS-related deaths among older people in the study area.

The study identified a number of issues, which require aggressive and sustained public education across the length and breadth of the Manya Krobo area to raise awareness and constantly remind people of the consequences of their actions and inactions. In spite of the presence of human trafficking and high HIV/AIDS in the study area, there seems to be a general dearth of knowledge and understanding of human trafficking, as well as HIV/AIDS and human trafficking policies in Ghana. In addition, non-disclosure of HIV/AIDS status, stigma, unprotected sex, and widows and widowers remarrying without checking their HIV/AIDS status were identified in this study as some of the major contributory factors to the spread of HIV/AIDS in the community. This revelation should inspire a mapping out of detailed and integrated sensitization programs and activities, particularly by the district assemblies and the district health directorates in the Manya

Krobo area. To be effective, there is the need for the sensitization programs to be inter-sectorial, involving schools, churches, HIV/AIDS support groups, traditional rulers (including queen mothers), workers' unions and the various associations in the area (such as traders and drivers' associations). Education and sensitization programs could focus on the following: 1) explaining human trafficking and its impact, including the spread of HIV/AIDS, policies on human trafficking and HIV/AIDS, where to report human trafficking cases, and the implication of knowingly infecting a person/s with HIV. In addition to these sensitization activities, there is the need to provide rehabilitation and reintegration services to support trafficked persons, which, could also serve as a way of encouraging people to report human trafficking cases in the study area. Focus on sensitization on human trafficking issues alone may not motivate trafficked persons to report their cases, if programs and services that address their immediate needs such as shelter, skills training, counselling, health care, and education are not taken care of; 2) Safe sex practices, including the use of condoms and distribution of condoms in hotels and entertainment centres. Obviously, this calls for gender training and awareness creation, as women will remain unlikely to negotiate safe sex without being empowered; 3) The importance of voluntary counselling and testing (VCT), emphasizing the need for people entering into intimate relationships to embrace these services; 4) Addressing stigma and myths surrounding HIV/AIDS (e.g. HIV/AIDS as a curse disease), at the same time challenging the perception about the St. Martin's hospital as a place where everybody is marked as HIV/AIDS patient. In this way, the extent of disbelief and denial of HIV diagnosis could be reduced.

Variations in hospital procedures for HIV/AIDS patients (e.g. issuance of folders, requirement of 'monitors') seem to be exposing PLs to stigma. The contention about differentiation in patients' folders could be solved by automating patient records and adopting the

electronic folder (or e-folder) system of keeping records. Introduction of an e-folder system at the Out Patient Department (OPD) in hospitals in the Manya Krobo area would not only help reduce the time used to retrieve patients records, storage constraints and costs but would also eliminate direct handling of folders by patients. Thereby avoiding situations where particular patients are identified with particular folders, and thus reducing stigma confronting PLs. Considering the volatile HIV/AIDS situation in the Manya Krobo area, prudent patient records management is highly recommended. Fortunately, the Koforidua Regional Hospital in the Eastern region of Ghana has recently introduced an e-folder (electronic folder) system. The Manya Krobo area is in the Eastern region and its hospitals are supervised by the Eastern Regional Health Directorate; therefore, with support from the Ghanaian government and Ministry of Health (MoH), the Eastern Regional Health Directorate should be able to extend the e-folder system to other hospitals, particularly the HIV/AIDS designated treatment health facilities (e.g. Atua, St. Martins Catholic, Akuse and Asesewa hospitals) in the Manya Krobo area.

Similarly, the requirement of a “monitor” upon diagnoses of HIV could be substituted with the mobile health system (also known as mHealth). M-health uses advances in short messaging services (SMS), voice messages and other mobile technologies to help deliver health care. Studies show that the number of mobile phone subscribers all over the world has doubled. For instance, of the 50 research participants in this study, only two did not own a mobile phone. Hospitals in the Manya Krobo area should adopt the m-health approach by setting up communication systems to provide HIV/AIDS information and remind patients about adhering to medicines and appointment schedules through SMS or voice messages in the local Krobo language. M-health has been adopted in countries like South Africa and Malawi to remind women to take their birth control pills. Other



developing countries using mHealth to deliver health care are Bangladesh, India, Mexico, and Pakistan (WHO, 2011)<sup>60</sup>.

Likewise, the proliferation of microfinance institutions (MFIs), drinking bars and night clubs calls for the Ghana Tourist Authority (GTA), Lower and Upper Manya Krobo District Assemblies and the Registrar General's Department to review their policies on the establishment of entertainment centers in residential areas, as well as to monitor the activities of these centers. Regulations on where drinking bars and night clubs are located in residential areas, hours of operation and limitations on who can patronize these centres at particular times needs to be clearly stated and strictly enforced. Again, the Registrar General's Department needs to carefully vet applications to set up MFIs and also, in collaboration with the Ghana Association of Microfinance Companies (GAMC), and the District Assemblies, ensure that their activities are regulated in order to weed out exploitative and dubious practices.

Traditional and opinion leaders in the Manya Krobo area, need to review the *la pomi* custom and make modifications where necessary in order to save women and children from the harsh consequences of the custom. An alternative would be to reduce the items and money required to perform the *la pomi*. Secondly, a man who voluntarily comes forward to see family members to discuss how to gain his paternal rites over an outside of marriage child or children should be encouraged. The man could be given paternal rights over his child or children after he has committed to help take responsibility of the child/children moving forward. To make this process formal and binding, the Department of Social Welfare (DSW) could be involved in documenting the whole process. No matter how promising this suggestion may sound, it may not be realized if

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<sup>60</sup> WHO, (2011). mHealth: new horizons for health through mobile technologies, based on the findings of the second global survey on eHealth. Global Observatory for eHealth series - Volume 3. [http://www.who.int/goe/publications/goe\\_mhealth\\_web.pdf](http://www.who.int/goe/publications/goe_mhealth_web.pdf). Accessed March 15, 2015.

necessary measures are not put in place to ensure that men are in a position to provide for the child(ren) and also be held responsible for the welfare of their children. For instance, what incentive could there be for men to take responsibility of their “out of wedlock” children if child maintenance laws are not strictly enforced in Ghana, and men are not held accountable for neglecting their children? In a community where unemployment and poverty are so pervasive and daily survival is a matter of life and death, performing *la pomi* would be the least of their worries, unless livelihood opportunities are created.

Furthermore, the DSW in Ghana, which is mandated to provide effective, efficient and coordinated social welfare services, including protection of vulnerable groups such as children, people with disabilities, older persons and the family, is currently incapable of performing its functions effectively due to lack of adequate resources. So abysmal is the state of the DSW that in 2012, when the director of DSW was interviewed on national television, as to why his outfit was unable to rescue a destitute blind woman and her young children who were also partially blind from the streets of Accra (i.e. capital city of Ghana), the director broke down in tears saying he was helpless, as his department lacked the needed facilities and resources to assist. The plight of Ghana’s DSW is a clear indication of how neoliberal development strategies, (such as SAPs discussed in Chapter 2), through their policy of scaling back on developing countries governments expenditure on social services can disempower and position such welfare institutions (e.g. DSW) in a state of helplessness and inutility. The ripple effect of these policies (i.e. SAPs), evident in the proliferation of HIV/AIDS and the “death-worlds” it has created for the Manya Krobo, as well as the deplorable conditions of government agencies are good examples of practical situations the Ghanaian government could draw on to present a case to the international financial institutions - IFIs (such as the IMF and World Bank) for debt relief.

In the face of the limited resources available to government agencies in Ghana, as mentioned above, how then can the agencies (such as district assemblies and health directorates) execute the recommendations made in this chapter? It is important to note that most of the recommendations (e.g. sensitization programs, strict regulations on setting up drinking bars and microfinance institutions, and modifying the *la pomi* custom) do not involve huge financial commitments. What is required in most cases is the adoption of new ways of doing things, revising or applying strict enforcement of existing laws, and most of all, commitment on the part of stakeholders in their efforts to contain the disease. Other suggestions like implementation of eHealth and mobile health systems, skills training and welfare benefits for PLs on the other hand, require some funding, but with prioritization of programs/activities and judicious use of government funds, the financial barrier is surmountable. The sheer pervasiveness of HIV/AIDS in the study area, the destruction it unleashes on human lives and its impact on the local economy and development of the community makes the modest costs to reverse the situation worthwhile.

### **8.3 Implication for Future Research**

Given the complex experiences of trafficked persons and PLWHAs in this study, there are some questions that remain unanswered despite a broad approach to understanding the topic. For example, detailed analysis is required to understand better the gendered experiences of migration, trafficking and HIV/AIDS in the Manya Krobo area. Certainly, women and men experience migration, human trafficking and HIV/AIDS differently and it is only when these gendered experiences are investigated and understood, that appropriate interventions can be put in place to mitigate or ease the particular experience or, in some cases, help go through the experience.

Future studies will need to replicate this research theme using a larger sample size in order to validate the link between human trafficking and HIV/AIDS. Such a study could determine the

extent to which human trafficking actually contributes to the spread of HIV/AIDS in the Manya Krobo area.

Similarly, future research could investigate how microfinance institutions (MFIs) facilitate migration in the Manya Krobo area and the extent to which micro-debt induced migration contributes to the spread of HIV in the area. Such research may outline measures which could help regulate the operations of MFIs and reduce micro-debt impelled migration in the study area.

Future studies could focus on people 50 years and above living with HIV/AIDS. This research could explore the sources of infection of older adults and their experience of living with HIV/AIDS.

Furthermore, it would be interesting to further examine how the *la pomi* custom of the Krobos impact women and children and the role it plays in the spread of HIV/AIDS in the Manya Krobo area. The outcome of the study could guide the transformation of the custom to better serve and promote the well-being of the Krobos.

Future research could aim at understanding the specific vulnerabilities of older people to HIV infection and the challenges faced by older people living with HIV/AIDS. A better appreciation of the vulnerabilities of older people to HIV/AIDS infection and the challenges they face could lead to better-tailored intervention, care and support programs likely to curb the high HIV infection rate and reduce AIDS-related deaths among older people in the study area. Future research should also explore the operations of peer-based human trafficking among younger people in the Manya Krobo area.

The homosexual group, with whom this research did not get the opportunity to engage, could be the focus of future studies. Gender identity and sexual orientation coupled with HIV/AIDS status are circumstances, which are highly stigmatized in Ghana. Further study on

improving supports for this group will present vital information adding nuance to the discourse on the topic, and a guide for HIV/AIDS intervention.

Studies into hospital procedures, (such as issuing different folders; different locations for collecting medication and the monitor requirement) reported in this study may be very useful. The study could examine what these hospital procedures involve; how different are the said procedures for PLs and other patients; how the procedures may contribute to stigmatization of PLs; and the extent to which these practices prevent PLs from accessing health services and or add to their burden of visiting the hospital. Considering the conflicting opinions on the subject by participants, this insight would help clear the confusion and also aid in addressing the issue of HIV stigma, while better meeting the needs of PLs in the Manya Krobo area.

The “monitor” requirement before commencement of anti-retroviral treatment is another issue that would require further investigation to determine the extent to which this requirement impacts newly diagnosed HIV/AIDS patients’ ability to seek early treatment in health facilities.

#### **8.4 Conclusion**

This research has shown that a number of complex factors explain the high HIV/AIDS prevalence rate in the Manya Krobo area. This includes colonial exploitation of resources, impact of some development projects (e.g. building of dams), and possibly human trafficking. Other socio-cultural factors such as the *la pomi* custom, unprotected sex, non-disclosure, and the proliferation of entertainment centers also play a role in the high incidence of HIV/AIDS in the study area. These collective experiences propel the Manya Krobos towards migration and risky behaviors, which in turn predispose them to increased risk of HIV infection.

The average person in Manya Krobo has, at least some knowledge about the “dos” and “don’ts” of HIV infection. Nonetheless, this awareness or knowledge is not manifested in the

behavior and practices of the people. The inconsistency in knowledge and behavior can be explained in part by the socioeconomic realities under which the Manya Krobo live. The high incidence of HIV/AIDS in the Manya Krobo area is, therefore, more of a development than a medical problem. The problem is, to a large extent, a response to the diminishing livelihood opportunities and lack of basic necessities for survival (such as income, employment opportunities, good health, food, shelter), in line with the postmodernist perspective on development. Social exclusion prevents individuals from attaining their full potential, which in turn may have negative consequences on their community or national economy. In the case of the Manya Krobo area, a sick labor force, low economic activity and the increased costs on the health system due to the high HIV/AIDS prevalence have had a huge impact on the community.

Consequently, there is the need for development partners, policy makers, and civil society organisations to direct their attention and efforts to understand and address the structural socioeconomic factors (such as unequal opportunities, poverty, diminishing livelihood opportunities), which limit the Manya Krobo's ability to achieve their full potential and their "capability to function" as free healthy beings.

Contextualizing the migration, human trafficking and HIV/AIDS problem in the study area within the current development paradigm as driven by a complex globalized political economic system would help put the problem into perspective and hopefully stimulate the necessary changes needed to inspire a more holistic approach to deal with the problems. Obviously, empowering the Manya Krobo to exercise control over the factors that shape their health is one of the surest ways to reverse the current situation. Diderichsen (2010:12) asserts that good "health enables agency, but greater agency and freedom (i.e. social, economic and political

agency) also yield better health.” In essence, socioeconomic empowerment is as crucial in ensuring a healthy population, as it is a right not to be denied anyone, including the Manya Krobos.

In sum, the HIV/AIDS epidemic in the study area is sustained by complex socioeconomic problems. The socioeconomic context within which the Manya Krobos live can be likened to Mbembe’s (2003) “death-worlds” (see page 182-183), which breed powerlessness, hopelessness, homelessness, hunger and poverty. This kind of world strips the people of their human dignity (to live, to have good health, shelter, food and employment) and places them in a condition of the “living dead.” These harsh lived realities compel the Manya Krobos to make constructed choices (such as engaging in prostitution, non-disclosure and sometimes knowingly infecting people with HIV), which in turn fuel the spread of HIV/AIDS in the area. Hence, any effort made to address the HIV/AIDS problem in this region, without taking into consideration the complex socioeconomic factors at play, would only be an exercise in futility.

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## Appendix A



The Akosombo hydro-electric plant

source: <http://encomium.ng/power-supply-worsens-in-ghana-citizens-lament/>



Kpong hydro-electric generating plant

Source: <https://www.google.ca/search?q=kpong+power+plant&biw=1138&bih=548&source.>

## Appendix B

### **List of Documents Analyzed**

Ghana HIV and AIDS Prevention and Control Act (2008).

National HIV and AIDS, STI Policy (2013)

HIV Sentinel Survey Reports (2008-2013)

Ghana Human Trafficking Act (2005)

Lower Manya Krobo District Performance Review Report (2010), and HIV/AIDS strategic plan (2011-2015),

## Appendix C

### Interview Guides

#### Focus Group Discussion Guide

Participant ID #.....

1. How would you describe migration trends in this community?
2. If high, what are the causes of the high migration rate in this community?
3. Where do people in the Manya Krobo District Usually migrate to?
4. What is your understanding of human trafficking?
5. Does human trafficking occur in this community?
6. If yes, how?
7. Do people who migrate from this community to other towns and cities experience human trafficking?
8. If yes, how?
9. Does human trafficking contribute in any way to the spread of HIV/AIDS in this community? Explain your answer.
10. Do people report their experience of human trafficking?
11. If yes, to which organisation (s)?
12. Were your concerns attended to or were your needs met when you reported?
13. Is stigma an issue for PLWHA in this community? Please explain your answer.
14. Why are more women than men living with HIV/AIDS in this community? What is the source of their vulnerability?
15. What are the needs of PLWHA in this area?

16. How are these needs being met by the District authorities or Government?
17. What are the gaps in HIV/AIDS intervention programs and policies if there are any?
18. What do you think can be done to bridge the existing gaps in HIV/AIDS programs and policies?
19. What intervention activities or programs would you like to be instituted in this area to address the needs of PLWHA as well as reduce the spread of the disease?
20. How was life like before, during and after the construction of the Akosombo and or Kpong dams?
21. How has the performance of the dipo puberty rites contributed to the spread of HIV/AIDS or helped to control the disease in this community?
22. What other factors explain the high incidence of HIV/AIDS in this community?

## Appendix C1

### Structured Interview Questions (Questionnaire)

#### A. Background information of respondents

1. What is your sex? [1] Male [2] Female [3] Others
2. How old are you? .....
3. What is your highest level of education? [1] University degree [2] SSS/Secondary  
[3] Middle/JSS [4] Primary [5] None [6] others (specify) .....
4. What is your religion? [1] Christian [2] Moslem [3] African Traditional Religion  
[4] No religion [5] Others (specify).....
5. What is your marital status? [1] Never married [2] Married [3] Consensual  
[4] Separated [5] Divorced [6] Widowed
6. Do you have children? [1] Yes [2] No [3] Others (specify) .....
- (a.) If yes, how many children do you have? [1] 1-3 [2] 4-6 [3] 7-9 [4] 10 and above
7. Which ethnic group do you belong to? [1] Akan [2] Ewe [3] Ga-Adangbe [4] Guan [5]  
Dagbani [6] Others (specify) .....
8. What is your occupation? [1] Farming [2] Fishing [3] Trader [4] Hair dresser  
[5] Seamstress [6] Clerical [7] Student [8] Unemployed [9] Others (specify) .....
9. What is your total annual household income? [1] GH¢50 – 100 [2] GH¢100 – 300  
[3] GH¢300 – 500 [4] GH¢500 – 700 [5] GH¢700 – 1000 [6] GH¢1000 and above
10. Where is your area of residence? [1] Rural [2] Urban [3] Others (specify) .....



## **B. Respondents' Migration Experience**

11. Have you ever lived in another town other than the Manya Krobo area or country other than Ghana?

(a.) If yes, where? .....

(b.) For how long? .....

(c.) Why did you migrate to live in this particular town or country? .....

(d.) Why did you come back to this town? .....

## Appendix C2

### **In-depth Semi-Structured Interview Guide for People Living with HIV and AIDS (PLWHA)**

#### **A. Exploring the Link between Migration and Human Trafficking**

1. Have you ever lived or migrated outside the Manya Krobo area?
  - a. If yes, go to questions 3-23
  - b. If no, go to questions 24-39
2. Where did you migrate to?
3. How long did you live there?
4. Why did you migrate and lived outside the Manya Krobo area ?
5. How did you migrate? Went on your own or through somebody?
6. Were you forced to work under deplorable conditions at your destination? Please explain
7. Were you deceived about the type of job you will be engaged in? If yes, explain
8. Did you engage in activities or jobs that you would otherwise not do? Please explain your answer
9. Were your movements restricted? Please explain your answer
10. Were you sexually abused or did you engage in sexual acts against your will? Please explain
11. Were you exploited or were not paid well? Please explain
12. Were you held in debt bondage? Please explain
13. Were you isolated, confined or under scrutiny? If yes explain
14. Were you able to access health services? Please explain your answer

15. Were you infected with HIV before you migrated?
16. How did you get infected with HIV?
17. Why did you return from your destination area back to the Manya Krobo area?
18. Did you report your experience of human trafficking to any organisation?
19. If yes, which organisation and what was their response?
20. Do you feel your needs were met by this organization?
21. How could this organization have responded better to your needs and experiences?
22. If no, why did you not report?
23. How can Ghana better address the issue of human trafficking?

#### **Questions for Non-migrants**

24. If no, how would you describe migration trends in this community?
25. What is the channel of migration in this community?
26. Why do people migrate from this area?
27. Do you know or have heard of somebody who migrated based on deception about the type of job he/she will do at the destination area? If yes, explain
28. Do you know or have heard of somebody who migrated from this area and was forced to work under deplorable conditions at their destination areas by his/her recruiter? Please explain
29. Do you know or have heard of somebody who migrated from this area and engaged in activities or jobs that they would otherwise not do? Please explain your answer.
30. Do you know or have heard of someone who migrated from this area and was isolated, confined or under scrutiny by recruiter? If yes explain

31. Do you know or have heard of someone who migrated from this area and was sexually abused or was made to engage in sexual acts against his/her by his/her recruiter? Please explain your answer.
32. Do you know or have heard of someone who migrated from this area and was exploited or not paid well by recruiter? Please explain your answer.
33. Do you know or have heard of someone who migrated from this area and was held in debt bondage by recruiter? Please explain your answer.
34. Do you know or have heard of someone who migrated from this area and was denied access to health services by recruiter? Please explain your answer.
35. Do you know or have heard of someone who migrated from this area and got infected with HIV at the destination area? Please explain your answer.
36. What are the reasons given by migrants for returning from back to this area?
37. Do people who experience human trafficking report their experience of human trafficking?
38. Where do they normally report their experiences?
39. If no, why don't they report?
40. How can migration be curbed in this community?
41. How can Ghana better address the issue of human trafficking?

## **B. Experience of HIV/AIDS**

1. How did you get infected with HIV?
2. Is stigma an issue for PLWHA in this community? Please explain your answer.
3. Why are more women than men living with HIV/AIDS in this community? What is the source of their vulnerability?
4. What are the needs of PLWHA in this area?

5. How are these needs being met by the District authorities or Government?
6. Are there any gaps in HIV/AIDS intervention programs and policies?
7. What do you think can be done to bridge the existing gaps in HIV/AIDS programs and policies?

**C. Other Explanatory Factors Facilitating the Spread of HIV/AIDS**

1. How was life like before, during and after the construction of the Akosombo and or Kpong dams?
2. How has the performance of the dipo puberty rites contributed to the spread of HIV/AIDS or helped to control the disease in this community?
3. What other factors explain the high incidence of HIV/AIDS in this community?

## Appendix C3

### **In-depth Semi-Structured Interview Guide for Leaders of People Living with HIV and AIDS Support Groups**

**Participant ID #.....**

1. What is your understanding of human trafficking?
2. Do you think the high migration rate in this area has elements of human trafficking? Please explain your answer.
3. How was life like for the people of this community before, during and after the construction of the Akosombo and or Kpong dams?
4. How has the performance of the dipo puberty rites contributed to the spread of HIV/AIDS or helped to control the disease in this community?
5. What other factors explain the high incidence of HIV/AIDS in this community?
6. What are the needs of PLWHA in this area?
7. What kind of support do you provide for your members?
8. What challenges if any do you face as a leader in providing support for members?
9. Why are there just a few young members in the support groups?
10. Is rape an issue in this community? Explain your answer
11. What is the impact of Microfinance Institutions on the people in this area?
12. Are there any gaps in HIV/AIDS intervention programs and policies in this district and Ghana as a whole?
13. If yes, what do you think can be done to bridge the existing gaps in HIV/AIDS programs and policies?

## Appendix D

### ILO and EU Operational Indicators of Trafficking in Human Beings



### INDICATORS OF TRAFFICKING OF ADULTS FOR LABOR EXPLOITATION

#### Indicators of Deceptive Recruitment

##### *Strong Indicator*

Deceived about the nature of the job, location or employer

##### *Medium Indicators*

Deceived about conditions of work  
Deceived about content or legality of work contract  
Deceived about family reunification  
Deceived about housing and living conditions  
Deceived about legal documentation or obtaining legal migration status  
Deceived about travel and recruitment conditions  
Deceived about wages/earnings  
Deceived through promises of marriage or adoption

##### *Weak Indicator*

Deceived about access to education opportunities

#### Indicators of Coercive Recruitment

##### *Strong Indicator*

Violence on victims

##### *Medium Indicators*

Abduction, forced marriage, forced adoption or selling of victim  
Confiscation of documents  
Debt bondage  
Isolation, confinement or surveillance  
Threat of denunciation to authorities  
Threats of violence against victim  
Threats to inform family, community or public  
Violence on family (threats or effective)  
Withholding of money

#### Indicators of Recruitment by Abuse of Vulnerability

##### *Medium Indicators*

Abuse of difficult family situation  
Abuse of illegal status

Abuse of lack of education (language)  
Abuse of lack of information  
Control of exploiters  
Economic reasons  
False information about law, attitude of authorities  
False information about successful migration  
Family situation  
Personal situation  
Psychological and emotional dependency  
Relationship with authorities/legal status

***Weak Indicators***

Abuse of cultural/religious beliefs  
General context  
Difficulties in the past  
Difficulty to organize the travel

**Indicators of Exploitation**

***Strong Indicator***

Excessive working days or hours

***Medium Indicators***

Bad living conditions  
Hazardous work  
Low or no salary  
No respect of labor laws or contract signed  
No social protection (contract, social insurance, etc.)  
Very bad working conditions  
Wage manipulation

***Weak Indicators***

No access to education

**Indicators of Coercion at Destination**

***Strong Indicators***

Confiscation of documents  
Debt bondage  
Isolation, confinement or surveillance

Violence on victims

***Medium Indicators***

Forced into illicit/criminal activities  
Forced tasks or clients  
Forced to act against peers  
Forced to lie to authorities, family, etc.  
Threat of denunciation to authorities  
Threat to impose even worse working conditions  
Threats of violence against victim  
Under strong influence  
Violence on family (threats or effective)  
Withholding of wages

***Weak Indicator***

Threats to inform family, community or public

**Indicators of Recruitment by Abuse of Vulnerability**

***Medium Indicators***

Abuse of difficult family situation  
Abuse of illegal status  
Abuse of lack of education (language)  
Abuse of lack of information  
Control of exploiters  
Difficulties in the past  
Difficulty to organize the travel  
Economic reasons  
False information about law, attitude of authorities  
False information about successful migration  
Family situation  
General context  
Personal situation  
Psychological and emotional dependency  
Relationship with authorities/legal status



***Weak Indicator***

Abuse of cultural/religious beliefs

**Indicators of Abuse of Vulnerability  
at DESTINATION**

Relationship with authorities/legal status

***Weak Indicators***

Difficulties in the past

Personal characteristics

***Medium Indicators***

Dependency on exploiters

Difficulty to live in an unknown area

Economic reasons

Family situation

**INDICATORS OF TRAFFICKING OF ADULTS FOR SEXUAL EXPLOITATION**

**Indicators of Deceptive Recruitment**

***Strong Indicator***

Deceived about the nature of the job or location

***Medium Indicators***

Deceived about conditions of prostitution

Deceived about content or legality of work contract

Deceived about family reunification

Deceived about housing and living conditions

Deceived about legal documentation or obtaining legal migration status

Deceived about travel and recruitment conditions

Deceived about wages/earnings

Deceived through promises of marriage or adoption

***Weak Indicator***

Deceived about access to education opportunities

**Indicators of Coercive Recruitment**

***Strong Indicators***

Abduction, forced marriage, forced adoption or selling of

victim

Debt bondage

Threats of violence against victim

Violence on victims

***Medium Indicators***

Confiscation of documents

Isolation, confinement or surveillance

Threat of denunciation to authorities

Threats to inform family, community or public

Violence on family (threats or effective)

Withholding of money

**Indicators of Recruitment by Abuse  
of Vulnerability**

***Medium Indicators***

Abuse of difficult family situation

Abuse of illegal status

Abuse of lack of education (language)

Abuse of lack of information

Control of exploiters

Difficulties in the past

Difficulty to organize the travel

Economic reasons

False information about law, attitude of authorities

False information about successful migration

Family situation

General context  
Personal situation  
Psychological and emotional dependency  
Relationship with authorities/legal status

***Weak Indicator***

Abuse of cultural/religious beliefs

No respect of labor laws or contract signed  
No social protection (contract, social insurance, etc.)  
Very bad working conditions  
Wage manipulation

**Indicators of Coercion at Destination**

***Strong Indicators***

Confiscation of documents  
Debt bondage  
Forced tasks or clients  
Isolation, confinement or surveillance  
Threats of violence against victim  
Violence on victims

***Medium Indicators***

Forced into illicit/criminal activities  
Forced to act against peers  
Forced to lie to authorities, family, etc.  
Threat of denunciation to authorities

**Indicators of Exploitation**

***Medium Indicators***

Bad living conditions  
Excessive working days or hours  
Hazardous work  
Low or no salary  
  
Threat to impose even worse working conditions  
Threats to inform family, community or public  
Under strong influence  
Violence on family (threats or effective)  
Withholding of wages

**Indicators of Abuse of Vulnerability at Destination**

***Medium Indicators***

Dependency on exploiters  
Difficulty to live in an unknown area  
Economic reasons  
Family situation  
Personal characteristics  
Relationship with authorities/legal status

***Weak Indicator***

Difficulties in the past

**INDICATORS OF TRAFFICKING OF CHILDREN FOR LABOR EXPLOITATION**

The Palermo Protocol specifically states that, in the case of children under 18, there is no need to prove "the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability" in order to establish the crime of trafficking. Nevertheless, it was decided to retain indicators of deception, coercion and abuse of vulnerability in order to analyze trafficking in children with harmonized tools within Europe.

**Indicators of Deceptive Recruitment**

***Strong Indicator***

Deceived about access to education opportunities  
Deceived about the nature of the job, location or employer

***Medium Indicators***

Deceived about conditions of work  
Deceived about content or legality of work contract  
Deceived about family reunification

Deceived about housing and living conditions  
Deceived about legal documentation or obtaining legal migration status  
Deceived about travel and recruitment conditions  
Deceived about wages/earnings  
Deceived through promises of marriage or Adoption

### **Indicators of Coercive Recruitment**

#### ***Strong Indicators***

Abduction, forced marriage, forced adoption or selling of victim  
Debt bondage  
Threats of violence against victim  
Violence on victims

#### ***Medium Indicators***

Confiscation of documents  
Isolation, confinement or surveillance  
Threat of denunciation to authorities  
Threats to inform family, community or public  
Violence on family (threats or effective)  
Withholding of money

### **Indicators of Recruitment by Abuse of Vulnerability**

#### ***Medium Indicators***

Abuse of cultural/religious beliefs  
Abuse of difficult family situation  
Abuse of illegal status  
Abuse of lack of education (language)  
Abuse of lack of information  
Control of exploiters  
Difficulties in the past  
Difficulty to organize the travel  
Economic reasons

False information about successful migration  
Family situation  
General context  
Personal situation  
Psychological and emotional dependency  
Relationship with authorities/legal status

### **Indicators of Coercion at Destination**

#### ***Strong Indicators***

Confiscation of documents  
Debt bondage  
Forced into illicit/criminal activities  
Forced tasks or clients  
Isolation, confinement or surveillance  
Threats of violence against victim  
Under strong influence  
Violence on victims

#### ***Medium Indicators***

Forced to act against peers  
Forced to lie to authorities, family, etc.  
Threat of denunciation to authorities  
Threat to impose even worse working conditions  
Threats to inform family, community or public  
Violence on family (threats or effective)  
Withholding of wages

### **Indicators of Abuse of Vulnerability at Destination**

#### ***Medium Indicators***

Dependency on exploiters  
Difficulties in the past  
Difficulty to live in an unknown area  
Economic reasons  
Family situation  
Personal characteristics  
Relationship with authorities/legal status

## INDICATORS OF TRAFFICKING OF CHILDREN FOR SEXUAL EXPLOITATION

Exploitation is inherent to the situation of children under 18 used or offered for prostitution or pornography and there is no need for indicators to prove it. The indicators of additional exploitation below are given to characterize other elements of exploitation children may suffer. In addition, the Palermo Protocol specifically states that, in the case of children, there is no need to prove "the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability" in order to establish the crime of trafficking. Nevertheless, it was decided to retain indicators of deception, coercion and abuse of vulnerability in order to analyze trafficking in children with harmonized tools within Europe.

### **Indicators of Deceptive Recruitment**

#### ***Strong Indicator***

Deceived about the nature of the job or location

#### ***Medium Indicators***

Deceived about access to education opportunities  
Deceived about conditions of prostitution  
Deceived about content or legality of work contract  
Deceived about family reunification  
Deceived about housing and living conditions  
Deceived about legal documentation or obtaining legal migration status  
Deceived about travel and recruitment conditions  
Deceived about wages/earnings  
Deceived through promises of marriage or adoption

### **Indicators of Coercive Recruitment**

#### ***Strong Indicators***

Abduction, forced marriage, forced adoption or selling of victim  
Debt bondage  
Isolation, confinement or surveillance  
Threats of violence against victim  
Violence on victims

#### ***Medium Indicators***

Confiscation of documents  
Threat of denunciation to authorities  
Threats to inform family, community or public  
Violence on family (threats or effective)  
Withholding of money

### **Indicators of Recruitment by Abuse of Vulnerability**

#### ***Medium Indicators***

Abuse of cultural/religious beliefs  
Abuse of difficult family situation  
Abuse of illegal status  
Abuse of lack of education (language)  
Abuse of lack of information  
Control of exploiters  
Difficulties in the past  
Difficulty to organize the travel  
Economic reasons  
False information about law, attitude of authorities  
False information about successful migration  
Family situation  
General context  
Personal situation  
Psychological and emotional dependency  
Relationship with authorities/legal status

### **Indicators of Additional Exploitation**

#### ***Strong Indicator***

Hazardous work

***Medium Indicators***

Bad living conditions  
Excessive working days or hours  
Low or no salary  
No social protection (contract, social insurance, etc.)  
Very bad working conditions  
Wage manipulation

*Source: ILO and EU (2009). Operational indicators of trafficking in human beings*

**Indicators of Coercion at Destination*****Strong Indicators***

Confiscation of documents  
Debt bondage  
Forced into illicit/criminal activities  
Forced tasks or clients  
Isolation, confinement or surveillance  
Threats of violence against victim  
Under strong influence  
Violence on victims

***Medium Indicators***

Forced to act against peers  
Forced to lie to authorities, family, etc.  
Threat of denunciation to authorities  
Threat to impose even worse working conditions  
Threats to inform family, community or public  
Violence on family (threats or effective)  
Withholding of wage

**Indicators of Abuse of Vulnerability at Destination*****Strong Indicator***

Dependency on exploiters

***Medium Indicators***

Difficulties in the past  
Difficulty to live in an unknown area  
Economic reasons  
Family situation  
Personal characteristics  
Relationship with authorities/legal status

## Appendix E

### University of Saskatchewan Behavioral Research Ethics Board Certificate of Approval Certificate number: BEH# 13-94



UNIVERSITY OF  
SASKATCHEWAN

Behavioural Research Ethics Board (Beh-REB)

#### ***Certificate of Approval***

PRINCIPAL INVESTIGATOR  
Patience A. Elabor-Idemudia

DEPARTMENT  
Sociology

BEH#  
13-94

INSTITUTION(S) WHERE RESEARCH WILL BE CONDUCTED  
University of Saskatchewan      Ghana

SUB-INVESTIGATOR(S)  
Susan Langmagne

STUDENT RESEARCHER(S)  
Susan Langmagne

FUNDER(S)  
INTERNALLY FUNDED

TITLE  
Surge in HIV/AIDS Prevalence in a Suburban Town in Ghana: A Context Analysis of its relationship with Human Trafficking

ORIGINAL REVIEW DATE  
19-Mar-2013

APPROVAL ON  
30-Apr-2013

APPROVAL OF:  
Application for Behavioural Research Ethics Review  
Recruitment Letters to Letters of Invitation  
Participant Consent Forms for the PLWHA  
Participants  
Participant Consent Forms for the Support Group  
Coordinators as Participants  
Participant Consent Forms for the FGD Participants  
Letter of Invitation for Coordinators  
Letter of Invitation for FGD  
Letter of Invitation for PLWHA In-depth Interviews  
Data/Transcript Release Forms for the PLWHA  
Participants  
Data/Transcript Release Forms for the FG Participants  
Data/Transcript Release Forms for the PLWHA IDIs  
Participants  
Data/Transcript Release Forms for the Support Group  
Coordinators  
Introduction of the Researchers - In-Depth Focus  
Group Discussion Guide  
Introduction of the Researchers - In-Depth Interview  
Guide for Coordinators  
Introduction of the Researchers for the In-Depth  
Interview Guide for Coordinators  
Master List  
Acknowledgement of:  
TCPS2 Tutorial Completion Certificate Susan  
Langmagne

EXPIRY DATE  
29-Apr-2014

Full Board Meeting ☐

Delegated Review ☒

Please send all correspondence to:

Research Ethics Office  
University of Saskatchewan  
Box 5000 RPO University, 1602-110 Gymnasium Place  
Saskatoon SK S7N 4J8  
Telephone: (306) 966-2975      Fax: (306) 966-2069

## Appendix F

Ghana Health Service Ethical Approval Letter - Certificate number: GHS-ERC 02/05/13

### GHANA HEALTH SERVICE ETHICAL REVIEW COMMITTEE

*In case of reply the  
number and date of this  
Letter should be quoted*



*My Ref: GHS-ERC: 3  
Your Ref. No.*

Research & Development Division  
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1<sup>st</sup> August, 2013

Susan Langmagne  
Department of Sociology  
University of Saskatchewan

#### **ETHICAL APPROVAL - ID NO: GHS-ERC: 02/05/13**

The Ghana Health Service Ethics Review Committee has reviewed and given approval for the implementation of your Study Protocol titled:

**“High HIV/AIDS prevalence in suburban area in Ghana: A context analysis of its relationship with human trafficking”**

This approval requires that you inform the Ethical Review Committee (ERC) when the study begins and provide Mid-term reports of the study to the Ethical Review Committee (ERC) for continuous review. The ERC may observe or cause to be observed procedures and records of the study during and after implementation.

Please note that any modification without ERC approval is rendered invalid.

You are also required to report all serious adverse events related to this study to the ERC within seven days verbally and fourteen days in writing.

You are requested to submit a final report on the study to assure the ERC that the project was implemented as per approved protocol. You are also to inform the ERC and your sponsor before any publication of the research findings.

Please always quote the protocol identification number in all future correspondence in relation to this approved protocol